State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Johns Hyplins Hospital Baltmor MD 21287

DIW

1. Decedant'a Name (First, Middla, Last) 2. Dete of Death 3 Time of Death **Physician** SEPTEMBER Dey 1, 1996 15:30 DENNIS S. HICKMAN /Medical 4a. Feclifty Neme (If not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) APR. 13,1936 9. Birthplaca (Stata or Foraign Country)
S. CAROLINA **Funeral** 1QM 2□ F Months Deys Hours 249-62-2056 Yrs. 60 Director Usual Rasidenca of Decedent the Maryland 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Director Ves 2□No n/a BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? death with 1605 W. MULBERRY STREET 212233 UNITED STATES Funerai 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Detes: Was Decedant of Hispenic Origin? (Specify Yas or No-it Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours after of Hygiene. 1 Navar Married 2 Married Bartimore, Maryland 21215-0020 1 ☐ Yas 2 🕅 No Specify: BLACK þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grade completed) 16h Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled will Department of Health and Mental Hygien Important: if them 27 is married other that any Injury or other traumatic aware th LABORER CONSTRUCTION 17. Fathar'a Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middle, Meiden Sumeme) Be CURTIS HICKMAN INEZ GORE 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) ANNIE Η. SMITH MULBERRY STREET BALTIMORE, MD 21223 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stete tXOBuriai 2 ☐ Cramation 3 ☐ Ramovai from Steta BALTIMORE CEMETERY 9-18 BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Fecility 21. Signature of Funarai Sarvice Licansee WMC. MARCHFH.-1101 E. NORTH **AVENUE** 23a. Pert1. Entar the disease, or complications that caused the meth. Do not anter the mode of dying, such es cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intarvat Between Onset and Death Physician Immediata Cause (Finat disaasa or condition rasulting in death) /Medical ardiogenic Shock **Examiner** 24 hours attending physician and for use as the burial-transit The law requires that the death certificete be executed Sequantially list conditions, if eny, leading to immediata causa. Enter Underlying Cause (Disease or injury that initieted evants resulting in daath) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequanca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown Kenal Fallure 1 Yss 2 No þ ate has been signe page 2 should be 24b. Ware autopsy tindings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 2000 1 Yes certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certificalety filled in by the funeral director; g 25. Was casa ratarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient Lo 3□ DOA 27. Mannar of Death 28c. Injury at Work? Medical Certification: 28b. Time of 28d. Dascribe how injury occurred 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 ☐ Accident 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 4 Homicida Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medicat Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier 29b. Signature and titla of cartifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) September 12 1996 Inda I tell mo

State Registrar Linda

31. Data tllad (Month, Day, Year)

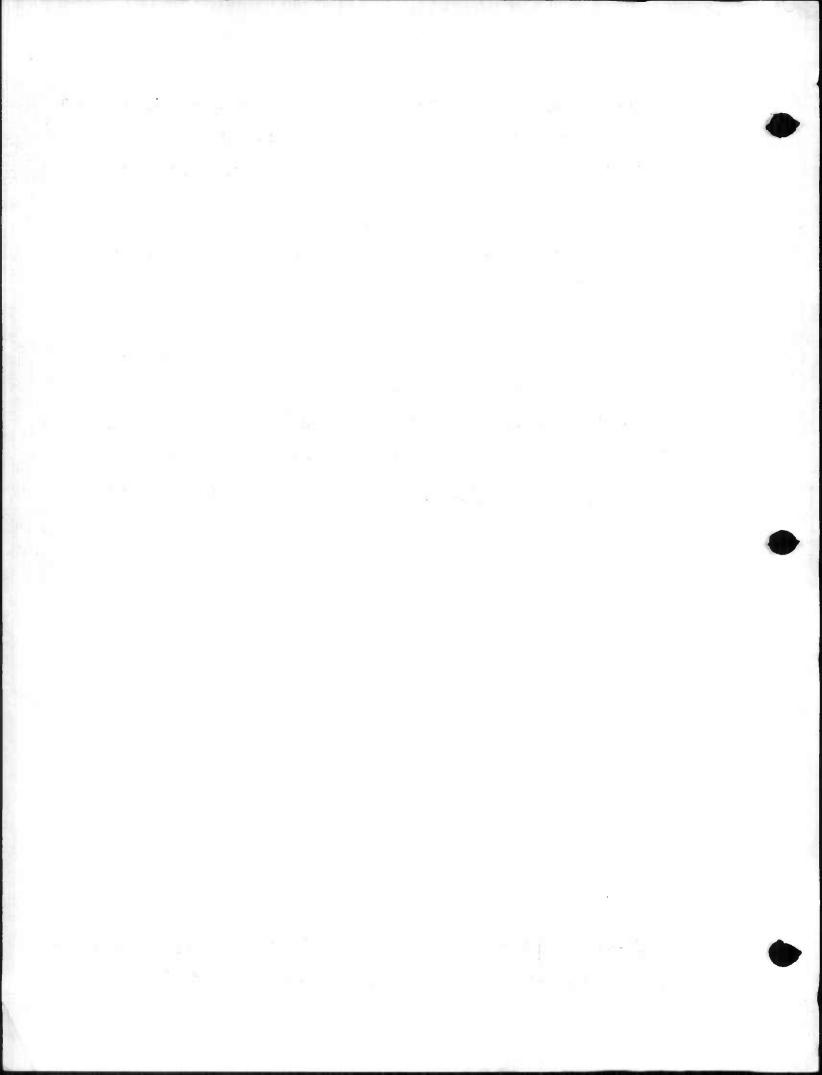
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30. Nama and addrass of person who complated cause of deeth (Itam 23a) (Type, Print) M.D.



B.K.S ITEMS: 17. & 18. PER F'.H. State of Marvland / Department of Health and Mental Hygiene

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9	-	19a. informant's	Name/Relations	hip (Type, Pr	rint)		19b. Mailin	g Address (Street	and Number or Rura	I Route Numbe	er, City or Town	n. State. Zit	Code)	
		JOHN M.	NELSO	ON II	I					AVE. BA		MD 21			
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30. Name and address of person who completed cause of death (from 23a) (Type, Print) J. Laron Locke M.D. 31. Date filed (Month, Day, Yaar) 1996

29b. Signature and title of certifier

111 Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Day, Year)

AUG. 16, 1996

29c. Licensa number

O.C.M.E

State Registrar 2. Pagistrans Signature

4---olar,

DHMH 16 Rev 6/95

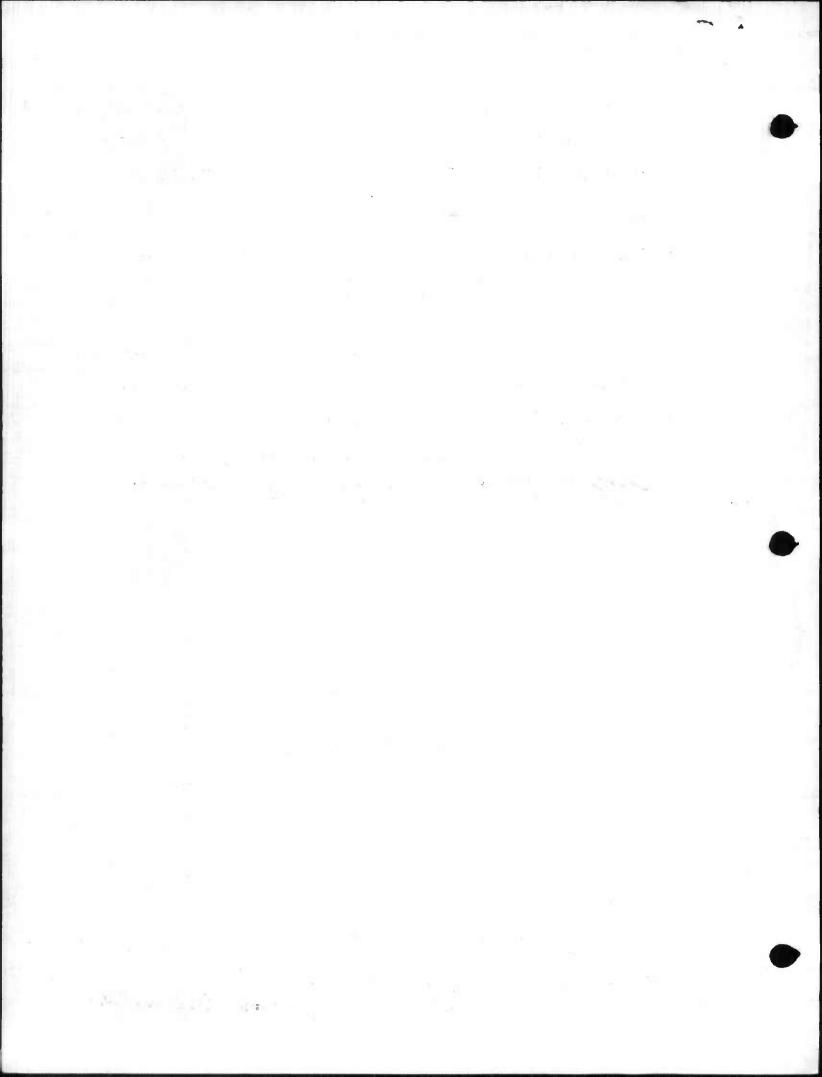
Registrar

Baltimore, Maryland 21215-0020

Box 68760

Records, P.O.

Division of Vital



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Neme (First, Middle, Last) **DEBORA HAGAN**

2. Dete of Deeth Month Dey 12, 1996 SEPT

3. Time of Deeth 0931 AM

/Medical Examiner

Physician

4e. Fecility Neme (If not institution, give street end number)

4b. City, Town, or Location of Deeth

4c. County of Deeth

29d. Date signed (Month, Day, Year)

SEPT. 12, 1996

Funeral Director

death with the Maryland *natural', or items 23a

Pages 1 and 2 should be filed within 72 hours efter nent of Haelth and Mental Hygiene. Physician

Baltimore, Maryland 21215-0020

/Medical **Examiner** Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The law requires that the death certificate be assocuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transi

	3227 E	LMLEY A	AVENUE					BALT	TIMO	RE	BAL	LIMO	RE CITY
	5. Sociel Security N 239-76-		Sex 7. A 1□M 2□XF	age (In yrs. ia:	st birthday) 3 Yrs.	If Under Months	1 Year Deys	If Under Hours	Min.	8. Dete of Bi	rth 24,194.	9. Birthp Coun	iece (State or Foreign try) NC
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	2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Pleca of In	jury - At homo tc. (Specify)	e, ferm, stree						Street and Numb wn, State)	er or Rurai	Route Number,
	29e. Certifier	1 Certifying Pi	nysician: To the best	of my knowie	edga, deeth o	occurred e	t the tim	ne, dete en	d piece.	end due to tha	cause(s) and ma	nnar as st	ated.
	(Check only one)	& Medical Exar	mtnar: On the basis of end menner si	of axamination	end/or Inve	stigetion,	in my of	oinion, dee	th occur	red at the time,	date end plece,	end due to	the ceuse(s)
Ħ	29h Signature and	title of contil				200	Lleans				004 Data dans		

29c. License number

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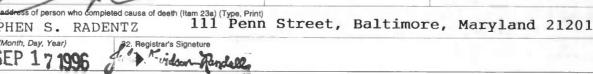
State Registrar

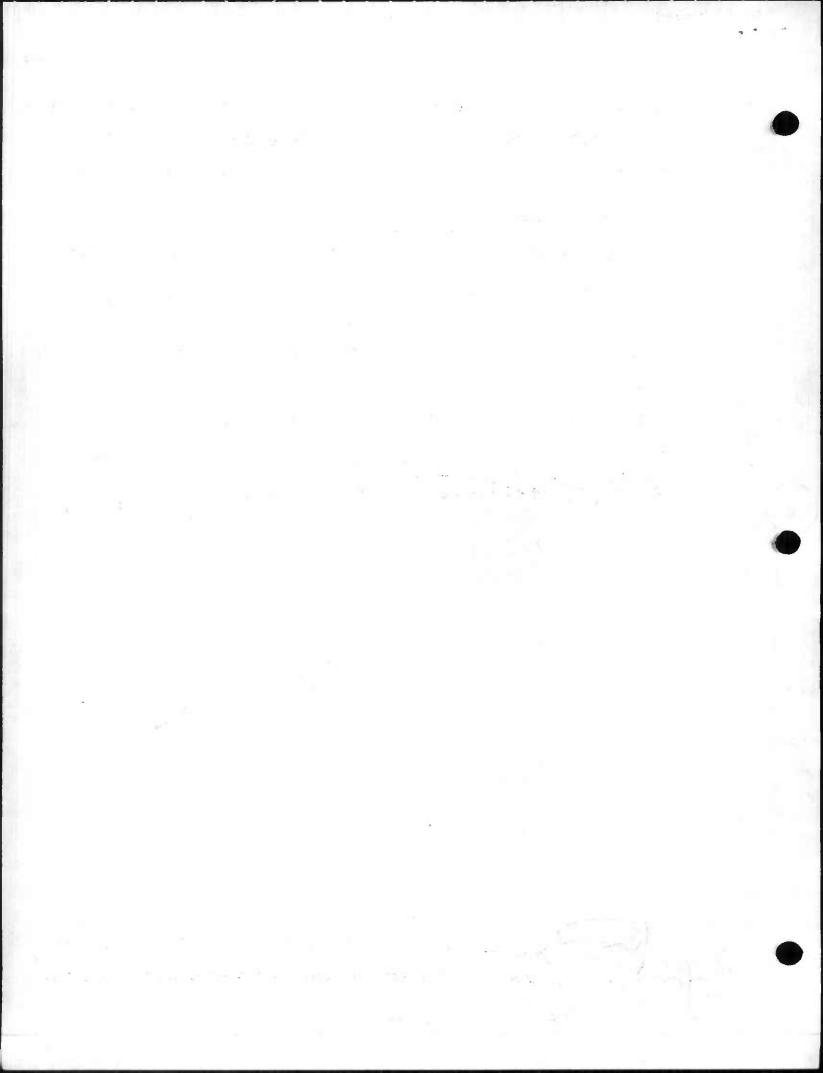
29b. Signati

31. Deta filed (Month, Day, Year) SEP 17

STEPHEN S.

and title of certifi





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiene

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	h with the P 23a or 28a-	Funeral Director	10e. Street and Nu 7959 Tele	ımber	ad, Lot 43	1	10.0	10f. Zip Code 21			Og. Citizen of V	Vhat Count		- 92
020	i within 72 hours after death with the Maryland ilene. Than "naturel", or terms 23a or 28a-f show the Moticel Examiner must be notified at	by	11. Maritel Status 1 Never Maritel 3 Widowed	rled 2 Married	12. Was Decedent Armed Forces' 1 Yes 2 If Yes, Give Year or Dates:	?		/es Decedent or Yes, specify Cu	f Hispanic Origin? (Suban, Mexican, Puer o Specify:	Specify Yes or No- to Rican, etc.)		e - America ck, White, e		
21215-0020	d within giene. r than T	Completed	Elementary/Seco		ade completed) College (1-4or		life. D	ent's Usuel Occ rind of work don O NOT use reti	supation ne during most of wo red)		Restaur		ustry	
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	he Hospital in 24 hours a the Funeral Dipletely lilled	edical	(Check only one)	2 Medical Exam	ysician: To the best of niner: On the bests of and manner sta	f examination	and/or inve	stigation, in my	time, date and place opinion, death occu	, and due to the ca rred at the time, da	use(s) and ma te and place, a	nner as sta ind due to	ited. the cause(s)	

To the Hospital within 24 hours.
To the Funeral completely lilled

State

Registrar

31. Dete filed (Month, Day, Year)
SEP 17 1996

29b. Signature and title of cartifier

21

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

The owner with the land 21201

29d. Date signed (Month, Day, Year)

SEPT 16, 1996

29c. License number

O.C.M.E.

DHMH 16 Rev 6/95

R NE N D D SE N C

J. -

GILL ST. L. E. M. E. S. L. M. G. Bertelper St. M.

PALTIMORE, MARYLAND	ed with 24 hours and death. Page 6 may be retained by the host	ompletery internation to the funeral director, page 5 should be detached an oremarking or removal.	event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the law in the death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely internal timeral director, page 5 should be detached within 72 hours after death with the State Day of Health and Mental Houlene order to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MA		DEPARTMI ERTIFICA			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	LINK		JORDA	AN		2. DATE OF DEATH MONTH Sept. 1	2 1	YEAR 996	TIME OF DEATN 10:55 A M
	4. SOCIAL SECURITY NUMBER 214-14-8816	1 M 2 7 F	AGE (In yrs. las	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 3,	1920	6. BIRTHPL Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give st 8432 D Charles		•	9b.	Tows	OR LOCATION OF DI	EATH		timor	
DIRECTOR	10e. STATE 10b. COUNTY	timore		10c. CITY, TO	TOWS					Od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 8423 'D' Charles	Valley Ct	•		1	Y. ZIP CODE		1 "		AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, OIVE WAF	YES 2 X	MED IO	If yes, s		NIC ORIGIN? (Specify Win, Puerto Ricen, etc.) y:	es or No—	14. RACE - Black, \ Specify:	- American Indian, White, etc. White
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	CEDENT'S USUA ive kind of work of Do NOT use reti	one during n ed.)		16b. KIND OF BI			
E COMPLET	17. FATNER'S NAME (First, Middle, Last) John J.	4	ink	ial Wo	rker	18. MOTNER'S NA	Cathol ME (First, Middle, Maide	n Sumame)	Ganno	
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. A. Stuart Jore		191			and Number or Rural	Aoute Number, City or To	wn, Stata, Zij	Code)	
	20e. METHOD OF DISPOSITION 1 Grant Buriel 2 Comment 3 Grant 4 Donation 6 Other (Specify)	oval from State	20b. PLACE /	AND DATE OF DIS	POSITION (Pace)	Corp. 9	DATE 20c. L	OCATION —	City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LIC	PAR			Ruck		uneral Hor Towson,	•		
	23. PART I. Enter the diseases, proshock, or heart failure. IMMEDIATE CAUSE (Finel		on each line).	nter the m	ode of dying, suc	h as cardiac or rea	piratory ar	reat,	Approximate Interval Between Onset and Death
	disease pr condition resulting in death)	DUE TO (O	a Stat	OUENCE OF):	Pan	creatic	Ade	noce	arcin	ome lyr
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSE							
CERTII	resulting in deeth) LAST	d								1
MEDICAL	PART II. Other algnificent condition	a contributing to d	eeth but not i	resuiting in th	e underiyi	ng cause given in		N AUTOPSY ORMED?	A	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
	DID TOBACCO USE CONTI	RIBUTE TO CAU		TH YES		UNCERTAI	N□		1	YES 2 NO
PHYSICIAN:	EXAMINER?	HOSPITAL:		ОТ	HER: Nursing No	./	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF IN (Month, Day)	Year)	26b. TIME OF INJURY	M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW			
ETED	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF building, et	INJURY At he	ome, lerm, street	, factory, of	ice	281. LOCATION (Stree City or Town, Stat	t and Numbe	or Rural Roo	ute Number,
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI						e to the cause(e) end m			and manner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	abull a	i. Kr	me		D17	673	29d. DA	PE SIGNED (A	Month Day, Year)

Marshall A. Levine M.D. 4000 Old Court Rd. Pikesville, Md.

31. DATE FILED (Month, Day, Year)

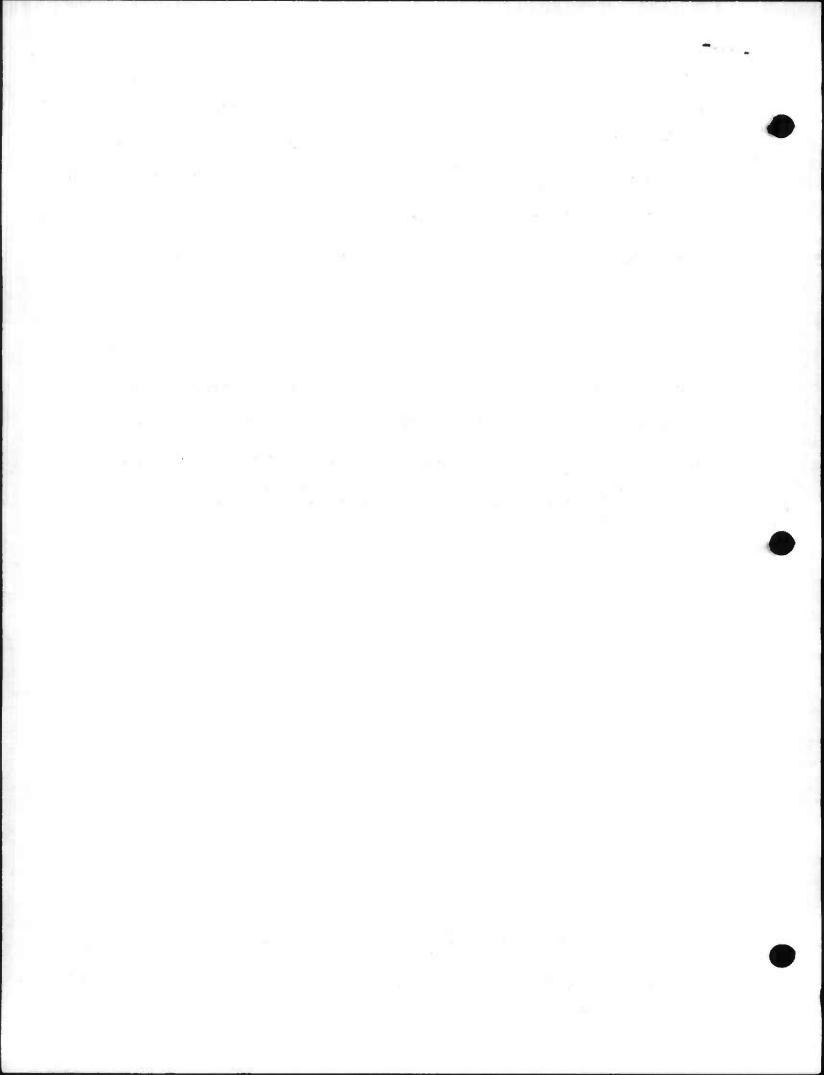
SEP 17 1996

SEP 17 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

						Certifica	ate of	Death		R	eg. No.		
п	Physici	an	1. Decedant's Name (First, Middla, Las	R R	1	IC SO n				2. Date of Deel		Yaar	3. Time of Death
	/Medi		Curtis		Jac	1C 20 1/				. Month	13 13	1996	1927
	Examir	ner	4e. Facility Nama (If not institution, give Northwest Hospital							ation of Death	4c. County		
Н			5. Sociel Security Number 6. Sa		ı (İn yrs. last birt	halau) If Und	lar 1 Yaar		dallst			ltimo	
	Funeral Director			M 2□ F		Yrs. Month			Min.	B. Deta of Birth (Month, Day, pril 23	, 1940	Mar	ace (Stete or Foreign try) Yland
	land w		10a. Steta 10b. County		10c. City, Town	or Location						10	Od. Inside City Limits
	72 hours after death with the Maryland natural', or items 23a or 28s-f ahow dicel Examinet must be notified at	Director	Maryland Baltin	more	Ran	dallsto							1 Yas 2 No
	A S		10e. Street and Number				Zip Coda			1	0g. Citizan of \		try?
	e 23	Funeral	3414 Chapman Road	10 14/ Davidant			21133				U.S.A		4-4
	Per de	Š	11. Meritel Stetus 1 □ Naver Marriad 2 ☑ Merried	12. Was Decedant E Armed Forces?		If Yes, s	pecify Cub	an, Maxicar	gin? (Speci n, Puerto Ri	fy Yas or No- can, atc.)		ck, Whita, a	
Maryland 21215-0020	ral', or	by	3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 A N If Yas, Giva Yaar or Datas:	10	1 ☐ Yas	2 No	Specify:			Specify	Whi	te
5-		Completed	15. Decedent's Ed (Specify only highast grad	ucation da complated)	16a.	Decedant's U: (Giva kind of the lifa. DO NOT	sual Occup	pation during mos	t of working	,	16b. Kind of B	usiness/Ind	lustry
121		Id I	Elamantary/Secondary (0-12)	Coilage (1-4or 5	+)			ed)					
7	73 60 6			2 Years	S	upervi	sor	40.14.11	4.44		Quali	M	ntrol
and	8 4 5 8	Be	17. Fethar's Name (First, Middla, Last)								Maiden Sumen	ne)	
Z	should be and Mental marked o	To	Curtis D. Jackson							Payne			
Ma	U @ # #		19e. Informant's Neme/Reletionship (7) Mrs. Anna M. Jack			Malling Addre					, City or Town, LOWN, M		Code) 133
e, l	lealt		20e. Mathod of Disposition	son - wile		Disposition (A		Road	Na				
Baltimore,	permit. Pages Department of I Important: If Ite any Injury or of once.		1 Deniel 2 Cramation 3 4 Donation 5 Other (Specify		cematan	v. crematory o	r other ple	,	rk 9/		20c. Location - Sykesv	-	
Ħ	permit. Departr Imports any Inju		21. Signature of Fugoral Service Licens	see		22. Nema	end Addre	ass of Facilit	y	1 Dia-		T	
m'	82559		1901/100				0				ctors, lstown,		21133
			23d Paul Cntor the disease, or comp shoot, or tream fallura. List only of	plications that caused	tha daath. Do n	ot antar tha m	oda of dyi	ing, such as	cardiac or	raspiratory arn	est,	1110	Approximata Intarval Between
	Physician		170	714 0000 011 au011 1111				, /				,	Onset and Death
2	/Medical		mmediata Causa (Final disease or condition	(00	-dial	6100	-las	Hum				The	namate
н	Examiner		rasulting In daeth)	е	Dua to (or as a c	onsaquance o	f):		wis T		/		7007000
	D .≅	iner	_	. h	Mala	in Low	1 ,	who	m (7	200		1-7	hours
	sertificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	D	Due to (or es a c	onsequance o	f):						
0,	ian g	<u>a</u>	causa. Entar Undarlying Cause (Disaasa or injury									1	
68760,	sate b	edical	that Initieted evants rasulting In death) Last	C	Dua to (or as a co	onsaquance o	f):					1	
9 X	certifical nding phr use as th	/Me		d									
Bo	ath of the or u			0.									
	0 0 0	Physician	Part II. Other significant conditions co	ntributing to death bu	t not resulting in	tha undarlying	causa gi	van in Part i		23b. Did to	bacco use co	ntribute to	the cause of death?
P.0	that the ed by th detachs									1 □ Y	es 2 No	3 Prob	ebly 42 Unknown
ds,	signed b	d by								0.4 14/		Oah Wa	ra autonou findinos
Ö	v requires been sign should be	Completed								24a. Was a perform	n autopsy ned?	ava	ra autopsy findings illebla prior to inpletion of cause
36	5 0 0	Idu										of c	leath?
<u></u>	Page 1									1 □ Ye	s 2 DiNo	1□	Yas 2 No
of Vital Records,	Physician: The ribis certificate ral director, pag	Be	25. Wes casa rafarred to medical axaminar?	Hospitai:			-		of Death (Check only on	18)		
of	Physical direction	T0	1 ☐ Yas 22 No 27. Manner of Death	1 L Inpatia			DUA		1		nce 6 Oth)
	Ing F	lon	1 Natural 5 Panding	28a. Data of Injur (Month, Day		njury	28c. Inju Wo			d. Describe no	ow injury occur	red	
<u>S</u>	Attending or death. actor: After by the fune	cat	2 Accident invastigation 3 Suicide 6 Could not be	00- 5	ALL CONTROL	М		Yas 2 🗆		4 1 11 101			(a
Divlsion	I or Attending I after death. Director: After I in by the funer	Certification:	4 ☐ Homicida datarmined	28e. Place of Inju building, atc	ry - At noma, tar . (Specify)	m, street, tact	огу, опісе		28	City or Town		er or Hurai	Routa Number,
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		29a. Cartifier 1 Certifying Phy	alcian: To the best o	f my knowledge/	death occurre	d at the ti	ma data an	d place, an	d due to the co	ausa(s) and ma	anner ec et	atad
	Ho 124 h	edical	(Check only 2 Medical Exami	iner; On the basis of and mannar ste	axamination and	Vor Invastigation	on, in my o	opinion, dae	th occurred	et tha time, d	ata and place,	and dua to	tha cause(s)
	To the Hospital within 24 hours To the Funeral completely filled	Me	29b. Signatura and titla of certifiar	3-	> /10	2	9c. Licens	sa number		2	9d. Data signe	d (Month, L	Dey, Year)
	4		+ TRUNG Pt	1AM M	· P. 48	n	1)	477	104	-	9/1	41	9/
	8		30. Nama and address of parson who co	omplated cause of de	ath (Itam 23a)	Type, Print)	./		7		, ,	1 (16
	V		TRUNG PHAM	54	01010	1001	t no	and.	16	anda	16town	nM	D 21137
		te	31. Data filed (Month, Day, Year)	8. A-62 Registra	le Sign Stone								



DHMH 16 Rev 6/95

	0-739	9/1	7/90 t.t			C	Certificate o	f Death		R	leg. No.		
			1. Decedent's Neme (First, Mide	dia, Last)						2. Dete of Dea	th		3. Time of Deeth
	Physic /Medi		DC	DROTHY			KUSHNER			SEPT. 1	4, 199	Yeer 5	6:35 AM
	Exami		4e. Facility Name (If not instituti	on, give street end n	umber)			4b. City, To	wn, or Lo	ocation of Deeth	4c. Count		
			RRYWOOD NURSING	G HOME				REISTE	ERST	OM, MD	BAL	TIMOR	.E
	_c Funeral Director		5. Social Security Number 217–01–4106	6. Sax 1 □ M 252 M=	7. Age (In yrs	. lest birtho	Months Dev		24 Hrs. Min.	8. Dete of Birth (Month, Dey SEP. 1,	1909	9. Birthp Cour NEW	plece (Stete or Foreign ntry) VORK
	Du *		Usual Residence of Decedent 10a. Stete 10b. Count	v	100.0	ity, Town o	r I contion						
	anyie a bo	ö	20.16		100.0	aty, rowir o		THODE					10d. Inside City Limits 1 ☐ Yas 2 ☑ No
	28a-1	Director	MD F	BALTIMORE				IMORE					**
1	23a or	rai Dir	LANGREHR 3512 LANGREHN	ROAD			10f. Zip Code	21244	1		log. Citizen of	Whet Cour	itry?
		Funeral	11. Maritel Stetus	Armed F	cedent Ever in l Forces?	J,S.	 Was Decedent of If Yes, specify Cu 	Hispanic Ori	igin? (Sp	ecify Yas or No-	14. Ra	ce - Amaric	can Indien, atc.
Maryland 21215-0020	should be marked within 1.2 hours effer death with the Maryand i end Mental Hydjene. Is marked other than "natural", or frems 23a or 28a-f show raumatic event, the Medical Evaniner must be notified at	1 by F	1 ☐ Navar Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	rried 1 Yas	24 No		1□ Yas 2√2N				Specil		HITE
5-6	natu de	Completed	15. Decede (Specify only high	nt's Education est grede completed	1)	16e. De	ecedent's Usuel Occ	upetion e durina mos	t of work	ina	16b. Kind of B	usiness/In	dustry
2	. P.	npi	Elementery/Secondary (0-12)		(1-4or 5+)	- In	fe. DO NOT use retir	red)		9			
2	her th	S	12	f = 45		SEA	ASTRESS	T			CLOTH		
and	a da da	Be	17. Father's Neme (First, Middle	, Last)				18. Mothe	er's Nam	a (First, Middle, I	Meidan Sumar		
Maryla	Merke	ုင	JULIUS		AE	BELL			ANNA				ITZKY
Mai	Health and Mer tem 27 is marke		19e. Informent's Name/Reletion			19b. N	leiling Address (Stre	et end Numbe	er or Run	rel Route Number	r, City or Town	, Stete, Zip	Code)
0	Department of Health important: If item 27 is any injury or other tra		JEAN WEISS - I	DAUGHTER	201		3 CEDARMER	RE CIRC	CLE		MILLS		21117
altimore	H ite	-	20a. Method of Disposition 1 ☐ Burlel 2 ☐ Cremetion	3 Ramoval from	1 Stete	cemetery,	isposition (Nema of cremetory or other pa ANACHBY	lece)	i	Date	20c. Location	- City or To	own, Stete
E S	ment: lury		4 ☐ Donetion 5 ☐ Othar (Specify)			AMACHLEY		9,	/16/96	ROSEDA	LE, M	D
Bal	Depart Import any in		21. Signeture of Funerel Service	Licensee	•		22. Name end Add	ress of Fecilit		LEVINSO	מת ז ואר	06	TNO
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			23e. Pert1. Enter the disease, o shock, or haart failure. Lis	or complications that	ceused the daa	th. Do not						e / 11D	Approximete
P	hysician		orion, of main fanaro.	t only one couse on									Intervel Batwaan Onset end Deeth
	/Medical	П	Immediate Ceuse (Finel disaasa or condition		Ce	16/10	al Vasc	1/42	Ar	culous.	+		6 Months
E	xaminer		resulting in deeth)	в.			sequence of):	0 1-010	110	ciaen	V'		4 MOULINS
4		ne					,						
L Box 68760,	physician and s the buriel-trensit	Examiner	Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury	Б. ———	Due to (or es e con	sequence of):						
68760	ysic he bu	Ica	thet initieted events resulting in deeth) Last	c	Dua to (e	or es e con	sequence of):						
Box 68	9 9	an/Medical	rooding in dooin) cast	d									
n :	igned by the ettend be deteched for us	Physician	Pert II. Other significant conditi	ons contributing to	death but not res	sulting in th	e underlying cause o	iven in Pert I		23h Did to	phacco use co	ntribute to	o the cause of death?
r g	by th	hy	TOTAL TOTAL STREET		Λ (o and only mig oddoo g		•		2 200		bably 4 Unknown
, o	per e	by P		Down	entin					101	WS 2000-110	0 110	Sabiy 4 Olikilowii
Records, P.O	s peed s	Completed b		Ati,	1 li	-,61	illation			24a. Wes e perform	n eutopsy med?	ava	are eutopsy findings aileble prior to mpletion of cause death?
The law	e hes	E C								400	.51		
		Ö	25. Wes cese referred to medical	N. T.						1 🗆 Ye		11]Yas 2□ No
> S	cert	0	examiner?	Hospital:	11	150/0				h (Check only on			
VISION OF VITA	€ @	 -	27. Menner of Deeth	28a. Date	of Injury	28b. Tim	RIENT 3LI DOA	4 UPINU		me 5 Reside			V)
	Afte tune	tlor	1 Neturel 5 Pendi		nth, Dey Year)	Injui	y W	ork? ⊒Yes 2 □ I			and any occur.		
UNISION	deal ctor: y the	fica	3 Suicide 6 □ Could	not be	e of Injury - At h	ome ferm	street, factory, office			28f. Location (St	reet and Numi	oer or Rura	al Route Number
2 2	Dire J in b	Certification:	4 ☐ Homicide determ	build	ling, etc. (Speci	(y)	Street, ractory, office			City or Town	, State)	or or riura	i riodio rumbor,
Hospita	within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	edical C	29e. Certifier 1 Certifying (Check only one) 2 Medical	Examiner: On the b	e best of my kno pasis of examine	owledge, de	eeth occurred et the transfer investigetion, in my	time, dete en opinion, deel	d plece, o	end due to the co	euse(s) end m	anner es st end due to	teted. o the ceuse(s)
the	thin mple	N N	29b. Signetute and title of certific		illei Steted.		29c 1 icar	nsa number		2	9d. Dete signe	d (Month	Day Veerl
) F	31-8		Meather!	les lagol	land	10	Da	270	34		Septer	Mbes	15,1996
	5			Deland I	N 5310	01	d Court	logd	Ran	dallsta	IM ac) 2	1133
	Sta Registr		31. Dete filed (Month, Day, Year,	7 199 6	egistrer's Sign	eture Ran	dall				Ì		

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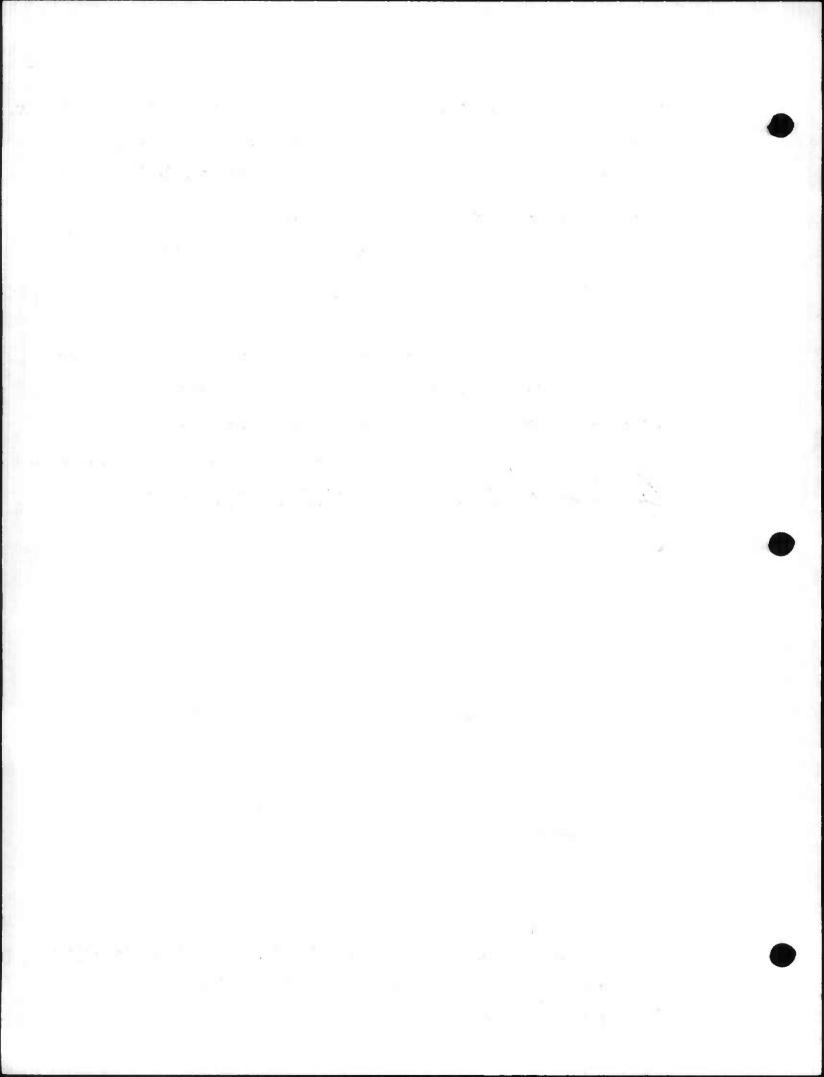
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27509

					Cer	tificate of	Death		Reg. No.		
	Physic	ian	Decedent'e Name (First, Middle, Last Thomas W •	Keatts, Sr.				2. Date of Do Month	Day	Year	3. Tima of Deeth
	/Medi Exami		4e. Fecility Neme (If not institution, give				4b. City, Town, or	Septem		1996	12:45 AI
	EXAIIII	ner	VA MHCS FORT HOWA				Baltimo		Baltin		ounty
	Funeral Director		5. Social Sacurity Number 8. Se 219-14-0393	7. Age (In yrs. In 72	est birthday) Yrs.	If Under 1 Year Months Days			12,1924	9. Birthple	ace (Steta or Foreign
	p .		Usual Residence of Decedant 10a. Stete 10b. County	10- 01-	7						
	h the Maryland r 28a-f show	ctor		ore County	, Town or Lo	Catons	ville			10	od. Inside City Limits 1 ☐ Yes 2 ☑ No
	death with the Maryland ms 23s or 28s-f show r must be nutited at	Funeral Director	10e. Street and Number 6107 Wheatland Roa	ad		10f. Zip Code 21228			10g. Citizen of V USA	What Count	ry?
020	or its	þ	11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,s Armed Forces? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	И	Ves Decedant of F Yes, epecify Cub	Hispenic Origin? (Sean, Maxican, Puer Specify:	Specify Yes or No to Ricen, etc.)	o- 14. Rac Ble Specifi	ce - America ck, Whita, a y: Whit	atc.
5-0	natu	eted	15. Decedent's Edu (Specify only highest grad	ucation fa completed)	16a. Deced	lent's Usuei Occup	petion during most of wa	rkina	18b. Kind of B	usiness/ind	ustry
Maryland 21215-0020	Man and and and and and and and and and a	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)			during most of wo d) Superviso		Researc	ch Com	noanv
pu	e filed el Hygie other vent, if	Be C	17. Fether's Neme (First, Middle, Last)						, Meldan Sumen		3,000.1
yla	2 should be f and Mentel I a marked of	To		as Ashby Keatt	S			Mary M	oss		
Mar	d 2 sh h end h end f la m traum		19e. Informent's Name/Reletionship (7) Ms. Ruth Keatts/sg				end Number or R				
	Healt mm 2		20e. Method of Disposition	20b. Pi	ece of Dispos	sition (Neme of	nd Road,	Date	20c. Location -		
mo	Pages ent of nt: If it		12OBuriel 2 ☐ Cremation 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	Tentoval from Stete		netory or other pla berans Cem		9-18-96			, Maryland
Baltimore,	permit. Pages 1 and 2 Department of Health e Important: If item 27 la any injury or other trac		21. Signature of Funeral Service Licens	-	22		ick Funer	al Home	, P.A.		
	1		23a Part1. Enter the disease, or complete shock, or heart feilura. List only or	MO05		E11	icott Ci	ty, Mar	yland 21		Approximeta
d	Physician		/	na cause on each line.							Intervei Between Onset end Deeth
1	/Medical Examiner		Immediate Cause (Fine) disease or condition resulting in death)	• Urosepsis						1	2 Days
1		Je.	ment of the state of		es a conseq					1	
	cuted	Examiner	Sequentially list conditions	b. Chronic Re	spirat es e consequ		lure			7	Mos.
68760,	certificate be executed iding physician and ise as the bunal-transit	VMedical Ex	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that infilleted events resulting in death) Lest	Chronic Ob	es a consequ		monary Di	sease		U	Inknown
ŏ				d							
O. B	the etter	Physicia	Part li. Other significant conditions cor	ntributing to death but not resul	Iting In the un	nderlying ceuse gl	ven in Pert I.	23b. Dld	tobacco use co	ntributa to	the causs of death?
s, P.O.	ires that the death signed by the etter d be deteched for u	by Phy	Congestive Care	diomyopathy R	eflux	Esophagi	itis	1 [3]	Yss 2 No	3 Prob	ebly 4 ☐ Unknown
Records,	aw requisite states	Completed							s an autopsy ormed?	avai	re autopsy findings ilebie prior to npletion of cause leath?
al	Page at							10	Yas 2X No	10	Yas 2 No
of Vital		To Be	25. Wes case referred to medical examiner? 1 ☐ Yas 2 ☐ No	Hospitai: 1 ∰ Inpatient 2 □ E	00	Ott	oor	eth (Check only		Sandara.	
on of	ding Phys h. After this funeral di		27. Menner of Deeth 1 Netural 5 Panding		R/Outpatient 28b. Time of Injury	28c. Inju	4LI Nursing i	T	dence 8 Oth		,
Division	or Attanding effer death. Director: After in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Piece of Injury - At hor building, etc. (Specify)					Streat and Numb wn, Stete)	per or Rural	Route Number,
	Hospital	edical C	29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of my know nar: On the basis of exemination	fledge, deeth on end/or inv	occurred et the tir estigetion, in my o	me, dete end piece	e, end due to the urred at the time,	ceuse(s) end me dete and place,	enner as ste	eted. the cause(s)
	To the within 2 To the comple	Mec	29b. Signatura and title of certifiar	end menner steted.		29c. Licens	se number	T	29d. Data signe	d (Month, C	Dey, Year)
			Mary Jul	inno			5698		Sept.		
	15		30. Nemé end eddress of person who co				rt Hower	-l MD 21	/	,	
-	1		Marcos Galicia, M	AOOO MOLEII	голи	LUAU FO	I L HOWal	u, ED 21	.072		

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate o	f Death		Reg. No.		, , , ,
	D1 1		1. Decedent's Nama (First, Middla, Las	t)				2. Data of De	ath		3. Tima of Death
	Physic /Medi		Faye Kobre	n				Septer	nher/	3 1996	4:10 AM
i	Exami		4a. Facility Nama (If not Institution, give					r Location of Deatl	4c. County		
			Sinai Hospit	-al			Balti	more	Bal	tomor	e City
	Funeral Director		5. Social Security Number 6. S. 1 Usual Rasidanca of Decedant	7. Aga (In yrs. I	est birthday) Yrs.	If Undar 1 Yas Months Day		n. (Month, Da	th ly, Year) 7,1909	9. Birthplace Country) MARY	a (Stata or Foraign LAND
	dand dand		10a. Stata 10b. County	10c. City	, Town or Lo	cation				10d.	insida City Limits
	the Marylar 28a-f show notfling at	ector	MARYLAND	N/A			IMORE				1 X Yas 2 □ No
	ath with 1	Funeral Director	10e. Street and Number 2434 W. BELVEDERE			10f. Zip Coda 2121			10g. Citizan of US		,
21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic avent, the Medical Evantinal must be notified at	by	11. Maritai Status 1 ☐ Nevar Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Waa Decedent Evar In U, Armed Forcas? 1 □ Yas 2 ☒No It Yas, Giva Yaar or Dataa:	11	Vaa Decedant of t Yaa, specify Cu I □ Yaa 2∑N	Hispanic Origin? Johan, Maxican, Pus Specify:	(Specify Yaa or No arto Rican, atc.)		ce - Amarican I ck, Whita, atc. y: WH	
5	72 h	etec	15. Decedant's Ed (Specify only highast gra-	ucation da completed)	16a. Deced	lent's Usual Occ	upation a <i>during most</i> of w	rorkina	16b. Kind of B	usinass/Indust	try
121	han "	Completed	Elementary/Secondary (0-12)	Coilaga (1-4or 5+)	life. E	OO NOT usa reti	red)				
	filed with Hygiene. fther that		and the section of th		S	SALES	40 Martin de M			AIL	
ano	Mental Parked of	Be	17. Fathar's Nama (First, Middla, Last) HARRY		HACKE	MAM	SARA	ama <i>(First, Middl</i> a, U	, Maiden Suman	TUCK	ED
Maryland	should and Men amrke	1º	19a. Informant's Name/Raiationship (7	ione Coint)					- Oh T-		
altimore, Ma	ages 1 an ant of Heal tt: If Itam 2 y or other		MR. LAWRENCE KO 20a. Mathod of Disposition 1\$2 Burial 2 Cramation 3 Company 4 Donation 5 Other (Specify	BREN (SON) Ramovai from Stata	6350 ace of Dispos		(ace)		Ol BALT 20c. Location	IMORE, - City or Town,	MD 21208
Balti	permit. F Departme Importan any injur		21. Signature of Furreral Sarvice Licen	on Cittle			Levinson sterstown	& Bros.	Inc.		
1	_	Н	23a. Part f. Enter the disaasa, or comp shock, or haart tailura. List only o	lications that caused the death						1 170	21208 oproximata
0,	Physician /Medical Examiner physician and ph	Examiner	Immediate Cause (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Diseasa or Injury	a. respirato Due to (or Dua to (or	as a conseq YY CO as a conseq	dema		1			nset and Death
Box 68760,	ing p	n/Medical	Causa (Diseasa or Injury that initiated events rasulting in death) Last	cDua to (or	as a consequ	uance ot):	\$*************************************				
	death ce a attendi d for us	ic a	Part II. Other significant conditions co	ntributing to death but not recu	tting in the ur	dadidaa aayee	niven in Part i	23h Did	tohecco use on	ntribute to th	e cause of death?
P.0	es that the de igned by the be detached	/ Physician	Tarrin outer agrinoant continuous co	numbering to death out not resu	ing in the di	idenying causa i	givan in Paiti.		Yes 2 No		ly 4 □ Unknown
Vital Records,	s law requires has been sign je 2 should be	Completed by							an autopsy omed?	availal	autopsy tindings ble prior to letion of cause th?
8		5						10	Yas 20 No	1 🗆 Yı	as 2 No
/ita	yalclan: The secreticate director, pag	Be	25. Was casa ratarred to medical axaminer?				28. Placa of D	eath (Check only	ona)		
of	Physician: this certific ral director,	၉	1 Yas 2 No		ER/Outpatien	1 3LI DOA		Homa 5 ☐ Rasi	dance 6 □Oth	nar (Specify)	
Division o	oune After	Certification:	27. Manner ot Death 1 Natural 5 Pending 2 Accidant invastigation 3 Suicida 6 Could not be	(Month, Day Year)	28b. Tima ot Injury		□Yas 2□No		how injury occur		
Dİ	- 0 -		4 Homicida detarmined	28a. Place of Injury - At hos building, atc. (Specify)	et, factory, offic	9	City or To	Street and Numb vn, Stata)	zer or nurei no	sota vomber,
	To the Hospital o within 24 hours aff To the Funeral DI completely filled in	edicai	29a. Certifiar 1 Certifying Phyone 2 Medical Exam	sician: To tha best of my know iner: On tha basis of examinati and mannar stated.	rledga, daath on and/or Inv	occurred at tha astigation, in my	tlma, data and pia opinion, daath oc	ce, and dua to tha curred at tha time,	causa(s) and madata and placa,	anner as state and dua to the	d. e cause(s)
	To the To the Com	Σ	29b. Signatura and titia of certiflar		house	29c. Lica	nsa numbar	110 0-10	29d. Data signe	d (Month, Day	/, Year)
			> THOUGHT ATTUCK	man mag o	Accer	1240	10021-1	4B-9019	Septen	nber 1	3, 1996
	3		Heather Boxem	ompiated causa of death (Item	23a) (Type, 1	Print) DIT al	WBell	redere	Ave i	Balton	3, 1996
	Sta Registr		SEP 1 7 1996	fulla Danidson-Aano	ura -						1

10				laryland / I		ment of I		nd Mental H	ygiene Reg. No.	96	27	511
	siciar edica	MADV	Last) KUCINSKI					2. Dete of D Month SEPTE	Dey	Year 14,1	Probably 4 Property of the cause of the cau	ne of Death
	mine	An Franklin, himner 116 and broke day	giva street end number))			4b. City, Tow	m, or Location of Dec	ith 4c. Co	unty of Dea	th	
		SAINT JOSEPH	MEDICAL	CENTER	2	T	OWSON	, MARYLAN	D B	ALTI	MORE	
Fune Direc	_	5. Social Security Number 217-09-5044 Usuel Residence of Decedant	. Sex 7. Ag	ge (In yrs. last bii 89		f Under 1 Yaar Months Daya			irth Dav. Year)	9. Bii C Mar	thplace (St ountry) yland	ete or Foreign
and *		10a. Stete 10b. County		10c. City, Tow	m or Locati	ion					10d Inele	de City I Imite
Aaryl.	1	1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	re		wson						1 1 1 1 1 1 1	Yes 2 No
The A	1 8	100 Chart and Number		10								TOO LIGHT
ath with 1 23a or 3	Firmeral Directo	10e. Street and Number 7001 N. Charles S	Street			10f. Zip Code 21204			10g. Citizen	of What C	ountry?	
·UUZU hours after death with the Manyland turet', or frems 23s or 28s-f show	hy Euro		It Yas, Give Z			s Decedant of Hes, specify Cub	lispanic Origi an, Maxican, Specify:	in? (Specify Yas or N Puerto Rican, etc.)		Bleck, Whi	ta, atc.	n,
Z I Z I D-UUZU 3 within 72 hours af 9jene. r than "naturel", or	Completed b		Yaar or Datas: Education grade completed)	16a	Decedent	t's Usuel Occup d of work done NOT use retire	pation during most	of working				
Within the state of the state o	1 8	Elementery/Secondery (0-12)	College (1-4or	5+)	Sales		ω)			oto:1		
be file d othe	å	17. Father's Name (First, Middle, La.			Dares			a Neme (First, Midd	e, Meiden Sui	etail mame)		
Mary nd 2 shou lith end M 27 is mar	Ę	19e. Informent's Neme/Reletionship Linda Merriken					end Number	or Rural Route Num	ber, City or To			21204
m		20e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Spec	Removal from State	Li .	ry, cremato	on (Neme of ony or other ple		Dete	20c. Locat	ion - City or	Town, Star	te
Deal Millor of H	SUCE	21. Signeture of Funerel Sarvice		1	22. No	eme end Addra	ss of Facility	Cuneral Ho St. Baltim	me ore, M	aryla	nd 21.	231
Physicia	an	23e. Pert1. Enter the disease, or conshock, or heart fellura. List of	nicetions that caused one cause on each li	d the deeth. Do ine.							Approx	
/Medic		immediate Cause (Final disease or condition	. ASPIRA	ם ואסדיים	MEIIM	ONTA					Wara	DAVC
Examin	1	resulting in deeth)	e ASPINA	Due to (or es e							I Law	DAIS
ate be executed hysician and the buriel-transit	Examiner		b. —————	Due to (or es a	consequer	nce ot):						
ath certificate be entending physician for use as the burle	n/Medical	Cause (Disease or Injury thet initieted events resulting in deeth) Last	d	Due to (or es e	consequen	nca of):						
death e etter	2	Part II. Other significant conditions	contributing to death b	ust not requision li	n the wester	chilan anuan ali	on in Dant I	nah Di	d dahaana wa			
that the detache	v Physician/M				n the under	mying cause gr	ven in Pert I.					
requires been sign should be	ompleted by							24e. Wa	s an autopay formed?	24b.	Were auto available p completion of deeth?	rior to
The law ite hes	E							10	Yes 2XIN	ło	1 ☐ Yes	21X No

Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

Be Medicai Certification: To

25. Was case reterred to medical examiner?
1 ☐ Yes 2 ▼ No 27. Menner of Deeth 1 Neturai 2 ☐ Accident

29b. Signature and title of certiliar

3 Sulcide

29e. Certifier

5 Pending investigation 6 Could not be determined 4 - Homicide

1 Inpatient 2 ☐ ER/Outpetient 28a. Dete of Injury (Month, Dey Year)

28b. Time of Injury

28e. Pleca of Injury - At home, Ierm, street, tactory, office building, etc. (Specify)

1X Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

28d. Describe how injury occurred

29d. Data signed (Month, Dey, Year)

28t. Location (Street end Number or Rural Route Number, City or Town, Stete)

30. Neme and adding who completed cause of deeth (Item 23e) (Type, Print)

JOGINDER DR. 7620 YORK ROAD, TOWSON, MARYLAND 21204 MEHTA, M.D., 31. Data tiled (Month, Day, Year)

3□ DOA

28c. Injury at Work?

1 Yes 2 No

D 41410

State Registrar

32. Registrar's Signature July Davidson

				State o	f Marylar	-	artment of tificate o			ntal Hygie	ne 9	6	27512
	Physic		1. Decedent's Nama (First, Midd James George		Sr.					Defe of Death Month September	Day	Yaar 1996	3. Time of Death
N.	/Medi Exami		4a. Facility Nama (If not institutio					4b. City, To		tion of Death			~
			6335 Davis	Road				Mt.	Airy		Car	roll	County
	Funeral Director		5. Sociel Security Number 162-07-5097	6. Sax 1⊠ M 2□ F	7. Aga (In yrs. 86		If Under 1 Ye Months Day		24 Hrs. 8 Min,	Dete of Birth (Month, Day, Y March 25	ear) 5, 191	9. Birth Cou	place (Stete or Foreigr ntry) Pennsylvani:
	pu .		Usuel Residence of Decedant 10a. State 10b. County		10c Ci	ty, Town or Lo	cation						40d incide City I legite
	he Maryle Se-f sho	ector	Maryland Carr			Mt. Air	у						10d. insida City Llmits 1 ☐ Yas 2X No
	th with the	Funeral Director	10e. Street and Number 6335 Davis Roa	ad			10f. Zip Code 217			10g	. Citizan of '		ntry?
020	72 hours after deeth with the Marylend 'natural', or flems 23a or 28a-f show idical Examiner must be notified at	by	11. Merifei Stefus 1 ☐ Navar Married 2 ☐ Mar 3 ☒ Widowed 4 ☐ Divorced	Armed Fo ried 1 ☐ Yas If Yas Giv	2 X No		Vas Decedanf of f Yas, specify C			fy Yas or No- can, etc.)	Bla	ck, Whita,	, etc.
5-0	hin 72 ho s. In "natur Medical	ted	15. Decedar	it's Education st grade complated)		16a. Deced	lant's Uaual Occ	supation	t of working	16	b. Kind of B	usiness/In	ndustry
2121	within one. than "	Completed	Elamentary/Secondary (0-12) 6 Years	Coilaga (1	-4or 5+)	iifa. L	binet M	ired)	t or working	Į Į	J.S. Carchit	-	ol Office
Maryland 21215-0020	d 2 should be filed in and Mental Hygis 7 is marked other infraumatic event, if	To Be C	17. Fathar's Nama (First, Middla, James Kendall	Last)		-			ie My	First, Middle, Ma	iden Sumen	na)	
Baltimore,	permit. Peges 1 end; Department of Health Important: If item 27 any injury or other fr		20a. Mathod of Disposition 1	License	Steta M M	t. Oliv	Nama and Add Burrier 1212 W.	oface) C. Cemedrasa of Fecility Columnation Columnatio	Fune:	9/16/96 ral Dire	Mt. A	Airy,	Maryland
	Physician /Medical Examiner		immediata Cause (Finel disaasa or condition resulting in daeth)	S .	evere	- Ch	שחזג	Obstr	itu	e lung	piec	ose	15 yr.
ox 68760,	feeth certificate be executed attending physician and dror use as the burlel-transit	sician/Medical Examiner	Sequantially list conditions, if any, leading to Immadiate causa. Entar Undarlying Causa (Diseese or injury thaf initiated avants resulting in death) Lasf	b Co c	Due to (d	or as a consequence as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a	uance of):	DIE	ease			1996 nty of Death irroll 9. Birth irroll 100 S.A. 100 S.A. 100 100 S.A. 100 100 100 100 100 100 100	
, P.O. B	that the cled by the deteched	Phy	Pert II. Other eignificant condition History Pu	mana contributing to de							2 No	ontribute t	to the cause of death?
ecords,	requires been sign should be	Completed by	13 O 1				- Sili			24a. Was an a		8/	Vara autopsy findings vaileble prior to ompletion of causa deeth?
Œ	The la		Denestra	Mily rev	Judi	CN	A			1 ☐ Yas	2 No		☐ Yas 2☐ No
of Vital	Physician: 1 this certifical	To Be	25. Was casa rafarrad to medica axaminar? 1 Yas 2 No	Hospitai:	npatiant 2		t 3 DOA	Mhan		Check only ona) 5 Rasident	e 6 □Oth	nar (Speci	fy)
ouo	ding Ph th. After th funerel	tion:	27. Mannar of Deeth 1 Naturai 5 Pendir investi	130	of Injury th, Day Year)	28b. Tima of Injury		ijuryat Vork? □Yas 2□		d. Dascribe how	Injury occur	rred	

Division of Vital Records, P.O. Box 68760.

Medical Certifica

To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi

29a. Cartifiar (Check only one)

3 Suicida

4 🗆 Homicida

1 Certifying Phyaician: To the best of my knowledga, daath occurred at tha time, dete end piece, and due to the ceuse(s) and mannar as stated.
2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titia of certifia

29c. Licanse number

29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

7721944

9-16-96

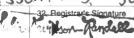
Frederick, md, 21701

30. Name end eddrass of person who complated causa of daath (Item 23a) (Type, Print)

300 W.

31. Deta filed (Month, 'Day, Year) 250

6 Could not be datermined



28a. Piace of Injury - Af homa, farm, straat, factory, office building, atc. (Specify)

State

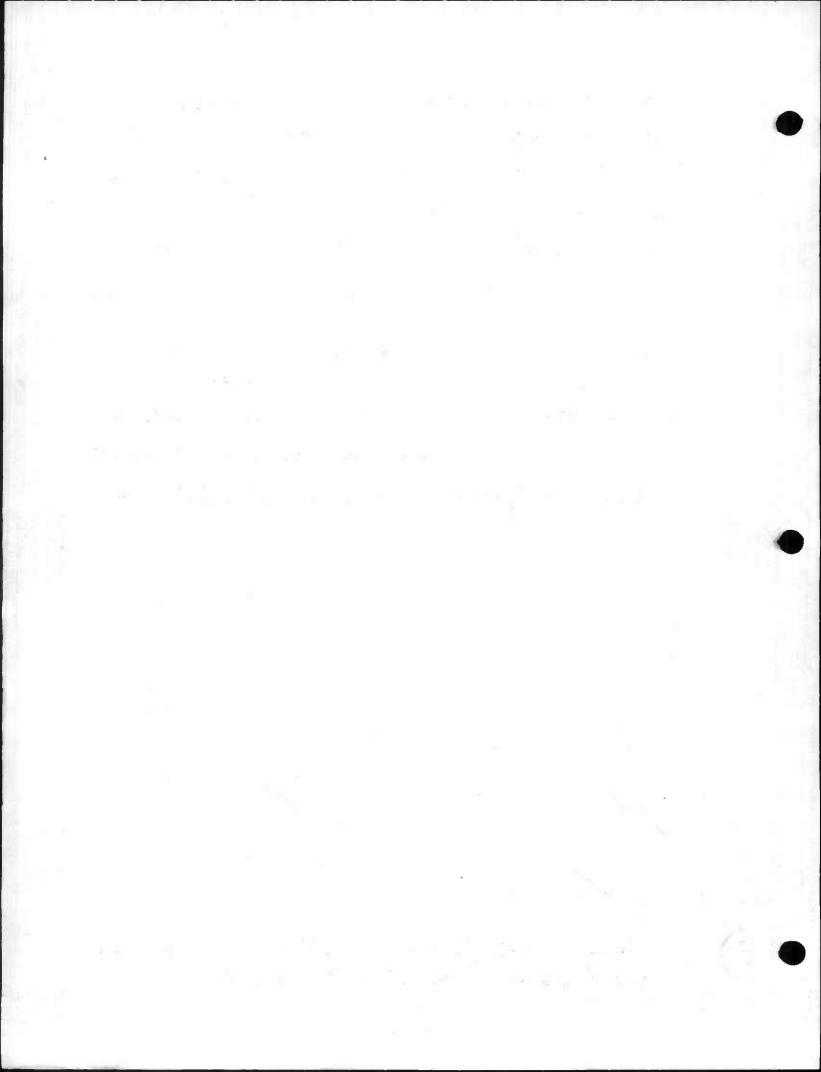
State of Maryland / Department of Health and Mental Hygiene

27513

	-		1 Doosdant's Name /First Middle La	041		Cel	TITICATE	OT I	Death			Reg. No.					
	Physic /Medi		1. Decadant's Name (First, Middle, La JOSEPHINE EL]	ZABETH		[N		- ,-			-	iber 4,	1996	5:00 P			
7	Exami	ner	4a. Facility Nama (If not institution, giv Manor Care- Ric					4b. City, Town, or Location of Deeth Rossville				y of Death Baltin	nore				
	Funeral Director			ax	7. Aga (In yrs. I 88	est birthday) Yrs.	If Under 1 Y Months D	aar	If Under: Hours	24 Hrs. Min.	8. Data of B (Month, D) 01 21	irth la <i>y, Year)</i> 08	9. Birth	placa (State or Foreign http:) Land			
	Maryland a-f show	tor	Usual Rasidanca of Dacadant 10a. State 10b. County N/A			, Town or Lo Baltim								10d. Inside City Limits			
	ith with the Marylan 23a or 28a-f show	Funeral Director	10e. Street and Number 333 Cornwall St	reet			10f. Zip Co 21.2		ŀ			10g. Citizan of USA	What Cou	ntry?			
020	efter des or items	by	11. Merital Status 1 Never Marriad 2 Married 3 Widowad 4 Divorcad	Armed Ford 1 Tas 2 If Yes, Giva	Nes Decedant Evar in U,S. Armed Forcas? □ Yas 2√2 No I Yes, Giva Year or Datas:		Was Dacedent f Yes, specify		ispanic Origin, Maxican	gin? (Sp , Puerto	ecify Yas or N Rican, atc.)		14. Raca - Amarican Indian. Black, Whita, atc. Specify: White				
15-0	n 72 hours "natural",	Completed	15. Dacedant's Ed (Spacify only highast gra	lucation da com <i>plated)</i>		16a. Dacad (Give	lant's Usual O kind of work d	ccupi lona d	ation during most	of work	ing	16b. Kind of I	Businass/In	dustry			
212	filed withir Hygiene. rither then	omo	Elamantary/Sacondary (0-12) Unknown	Collaga (1-	Collaga (1-4or 5+)		(Give kind of work dona during most of work life. DO NOT usa ratired) HOUSEWORK						at Home				
land	0 0 0	To Be C	17. Fathar's Name (First, Middle, Last) Jacob Mertel		·							, Maidan Suma genroeth		1-1-16			
Maryland 21215-0020	od 2 sh lith and 127 is m traum	_	19e. Informant's Name/Ralationship (Typa, Print) George Mertel, Cousin 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Total Security 243 S. Bouldin Street Baltimore, Md								ber, City or Town	n, Stata, Zij 2122	Coda)				
Baltimore,	permit. Peges 1 e Department of Hee Important: If item any injury or othe once.		20a. Mathod of Disposition 1		CE	matary, crem	sition (Nama of netory or othan Redeer	plac	c Cem.		Deta 9-17-96	20c. Location Baltin					
Balt	permit. Departr Importa any inje		21. Signature of Funeral Servica Licen	saa Lei	len						& Son : Balto.	_					
68760,	Physician // Medical Examiner use as the privil transit use as the privil transit use as the privil transit use use as the privil transit use use use use use use use use use use	n/Medical Examiner	Immediate Causa (Finel disease or condition rasulting in deeth) Sequentially list conditions, if eny, leading to Immediate cause. Enter Undartying Causa (Disease or injury that initiated avants rasulting in death) Last	a. <u>S</u> b. <u> </u>	Dua to (or	as a consequence as a c	uance of):	رھ	nt	ľa							
P.O. Box	is that the death gned by the atte	by Physicia	Pert II. Other significant conditions of	Iting In the un	g In tha underfying causa givan in Part I.							o the cause of death bably 4 Unknow					
al Records,	aw 2 s	Completed	Churic	Bow	elo	hsl	mit	i	Tain	al)	perf	s an autopsy ormed?	ev co of	allebla prior to mpletion of causa death?			
Division of Vital	the Hospital or Attending Physician: The I filin 24 hours after death. The Funeral Director: After this certificate ha mplataly filled in by the funeral director, page	cation: To Be		2	25. Was case referred 6 medical Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA							rsing Ho	eeth (Check only ona) Homa 5 Rasidanca 8 Other (Specify) 28d. Dascribe how Injury occurred				
DIVI	ytal or Attendi urs after death ural Director: A illed in by the f		4 Homicida datarmined	building, atc. (Spacity)			City or To				n (Straat and Number or Rural Routa Number, Town, Stata)						
0	To the Hospital	edicai	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exam	reician: To tha be iner: On tha bas and menna	is of examination	ledga, daath on and/or inv	occurred at the astigation, in r	na tim ny op	e, data end pinion, daati	plece, h occurr	and due to the ed at tha tima,	cause(s) and m data end piece	annar as s and dua to	tated. the causa(s)			
10	To the within To the mple	Σ	29b. Signetura and titla of cartifier	140	no.	MP	29c. Lic	ensa	number 1970	13		29d. Data signo	ed (Month,	Dey, Year)			
	2		30. Nama and addrass of person who o	omplated causa	of death (Itan	23a) (Type, F	Print)	N	0	212	2 36	1,					

DHMH 16 Rev 6/95

State Registrar



Phy /M Exa Fune Direc

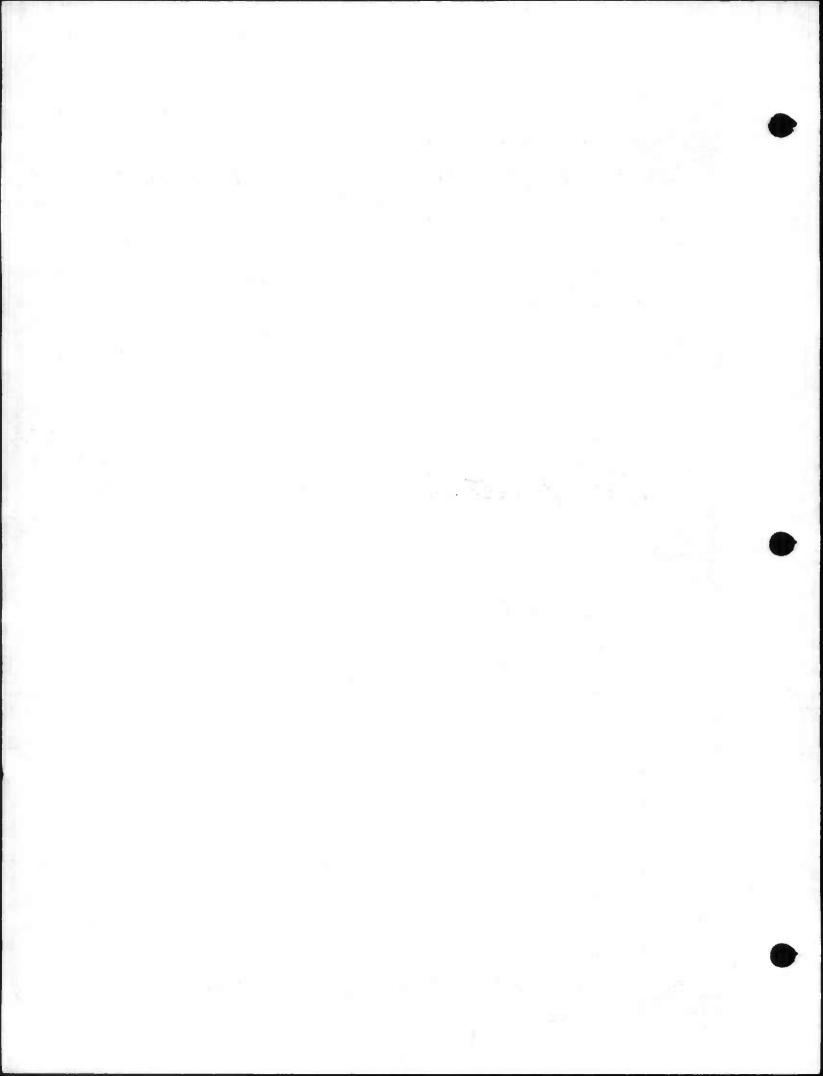
permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 le marked other than "natural", or items 23a or 28a-1 show any injury or other treumatic event, in a Medical Examiner must be notified as Saltimore, Maryland 21215-0020

Physicia /Medic Examin

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and complately filled in by the funeral director, page 2 should be detached for use as the bunal-transit Division of Vital Records, P.O. Box 68760,

	ITEM#18 g739 9/18/96ag perFH	Certificate of	f Death	F	Reg. No.						
	Decedent's Neme (First, Middle, Last)			2. Dete of Dec		Vasa	3. Time of Deeth				
ian cal	Shelley Lockhart			Septem	beril	Year 1996	0708AN				
er er	4a. Facility Name (if not Institution, give street end number)		4b. City, Town, or L.		T						
٠.	Sinai Hospital of Baltimo	ore.	Baltim	ore	Balt	-Im	ore				
1	Sociel Security Number 6. Sex 7. Age (In yrs. lest bir.)	rthday) If Under 1 Yes		8. Date of Birt (Month, Day			lace (State or Foreig				
	214-62-767/ 10M 20F 45	Yrs. Months Dey	s Hours Min.	July 2			try) + imme, M/				
	Usuel Residence of Dacedent			July F.	, 1721	12001	Floring, 1-17				
	10e. Stete 10b. County 10c. City, Town	n or Location				1	0d. Inside City Limit				
Director	MD BALTIMORE CITY BALTIMORE CITY										
ည	10e. Street end Number			10g. Citizen of W	hat Coun	trv?					
	3504 GREENSPRING AVENUE										
era	11. Maritel Stetus 12. Wes Decedent Ever in U.S.		211 Hispanic Origin? (Sp		UNITED		TES an Indian,				
Funeral	Armed Forces?	If Yes, specify Cu	ban, Mexican, Puerto	Rican, etc.)	Bieck	k, White,					
by	1 Never Merried 2 Merried 1 Yas 2 No If Yes, Give A 3 Widowed 4 Divorced Year or Detay.	1□Yes 2☒N	o Specify:		Specify:	BLA	CK				
		2 4 4 11 12		1							
Completed	15. Decedant's Education 16e. (Specify only highest grede completed)	Decedant's Usual Occ (Give kind of work don	e during most of work	king	16b. Kind of Bu	siness/inc	lustry				
7	Elementery/Secondery (0-12) Coilege (1-4or 5+)	'iife. DO NOT use reti									
3	12	HOUSEKEE			BROADW.		SERVICES				
מ	17. Fether's Neme (First, Middle, Last)		18. Mother's Nem	e (First, Middle,	Meiden Surneme	3)					
0	EDWARD LYLE		PAULINE	CROWLEY							
	19e. Informent's Neme/Raietlonship (Type, Print) 19b	o. Malling Address (Stre	et end Number or Rui	ral Route Numbe	er, City or Town,	State, Zip	Code)				
	INDIA JOHNSON/ DAUGHTER 3	504 GREEN	SPRING A	VENUE	BALTO	N	D 21211				
	20e. Method of Disposition 20b. Pleca of	of Disposition (Name of ary, cremetory or other p		Dete	20c. Location -						
	I LI BUTIAL 2 EXCERMINO 3 LIBERTOVAL FROM STATE			00/19	106 PA	TOTA	ODE ME				
	4 Donetion S Dother (Specify) METROPOLITAN CREMATORY 09/18/96 BALTIMORE, MD 21. Signature of Fynerel/Service Licensee										
	1 1100	CALVIN L	. WILLIA	MS FUN	ERAL S	ERVI	CE				
	270 FREDHILTON PASS, BALTO., MD 21229 23a. Pert 1. Enter tha disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between										
Н											
	Immediate Cause (Final disease or condition ARD				5 days 7 days						
	resulting in deeth) e Dua to (or as a consequence of):										
1	Strep. Pneumonea Sepsis										
Examiner	if any leading to immediate	Failure				4days					
ES	Cause (Diseese or injury that initiated events resulting in deeth) Last	consequence of):					· congo				
VMedical											
₹	d										
cia											
Physician	Pert II. Other significant conditions contributing to death but not resulting in		23b. Did tobacco use contribute to the cause of death								
	HIV	1/2(Yes 2 No 3 Probably 4 Un									
1 by				044 1444		245 384	re entener findings				
Completed					en autopsy med?	eve	ere autopsy finding: ellabie prior to mpletion of cause				
چ							death?				
0				12	es 2□No	10	Yes 20 No				
90	25. Wes case raferrad to medical		28. Placa of Deal	th (Check only o	ne)						
0	exeminer? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Ou	utpatient 3 DOA	Other		ience 8 Othe	it (Specifi	()				
-	27. Manpar of Death 28a. Date of injury 28b. 1	Tima of 28c. In			now Injury occurre		,				
9	1 ☑Naturei 5 ☐ Pending (Month, Dey Year) In 2 ☐ Accident investigation		Yes 2□No								
Certification:	3 Suicide 6 Could not be 28e. Piece of Injury - At home fe	arm, street, fectory, offic	0	28f. Location (5	Street and Number	er or Rura	l Route Number.				
2	4 Homicida building, etc. (Specify)	,,,,,		City or Tox							
	29a. Certifiliar 1 Certifying Physician: To the best of my knowledge	a death assumed at the	Alman data and alama	and due to the			-t-d				
edicai	(Check only 2 Medical Examiner: On the basis of examinetion en	e, deeth occurred et the nd/or investigetion, In my	tima, dete end pieca, opinion, deeth occur	red et the tima,	ceusa(s) and mar deta end pleca, e	ner as st nd due to	ated. the causa(s)				
Me	ond monitor stored.	20- 11			and Data Street		0-14-1				
	29b. Signeture end title of certifier	29C. LICO	nse number		29d. Dete signed						
	Horothea Holeson M.K	AS24	02321-DD	9030	Septemi	ber 1	11,1996				
	30. Neme and address of person who complated cause of daeth (Itam 23a) (
	Donothea Dobson 2401 W. Bel	de deso	thre 13,	Lthurs	Mn	21	215				
			100	000.100	- (* L.)	-6					
ite ar		Ledere 1	Ave, Bo	Milhore	Mn	21	215				



	State of Maryland / Department Certificate	of Health	and N	lental Hygi	-	ible.	2751	15
	1. Decedant's Nama (First, Middla, Lest)			2. Data of Death	Maria	3. Tima of Deeth		
ian cai	William Laue			Septemb	er 14,	1996	12:57	AM
ner	4a. Facility Nama (If not institution, giva straat and number)	4b. City, To	own, or L	ocation of Deeth		y of Death		
	VA Maryland Health Care System	BALT	CIMOR	E	N/	Α		
	5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1	Year If Undar Days Hours	r 24 Hrs. Min.	8. Data of Birth (Month, Day,	Year)		aca (Stata or	

Funeral Director

Physic

/Medi Exami

death with the Maryland 28a-f show Items 23a or 28a-f shov

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural; or item any Injury or other traumatic event. In a Mental Institu

Baltimore, Maryland 21215-0020

Fnysician /Medical Examiner

The law requires that the death certificate be asscuted nding physician and use as the bunel-tran Division of Vital Records, P.O. Box 68760, signed by the or Attending Physician: this After t within 24 hours after death.

To the Funeral Director: A completely filled in by the fu Hospitai ş

raign July 30,1922 Maryland Usuai Rasidanca of Dacadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYas 2 No Directo Md N/A Baltimore 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 5063 Orville Avenue 21205 USA 12. Was Decedent Ever in U.S. Armed Forcas? 1 ②FVas 2 □ No If Yas, Giva Yaar or Dates: WW II Was Dacedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritel Status Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Specify: Specify: White þ 3 ☑ Widowad 4 ☐ Divorcad Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Eiamantary/Sacondary (0-12) Collega (1-4or 5+) 8th N/AElevator Operator Construction Co. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumame) Be O William A.Laue Mathilda E. Otho 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, State, Zip Coda) Carrie D. Clotfelter 20e. Method of Disposition 20b. Place of Disposition (Nama of commutary, cramatory or other place)

Baltimore, Md. 21205

Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from State 4 □ Donation 5 □ Othar (Spacify) Meadowridge Cemetery Baltimore Md 21. Signature of Funarai Sarvice Licensaa 22. Nama and Addrass of Facility Hartley Miller Funeral Home 7527 Harford Rd., Baltimore, Md. 21234, one cause on each line. Approximata Intervei Between Onsat and Death Immediata Causa (Final Sepsis 9/9/96 diseesa or condition resulting in death) Due to (or as a consequence of) Examiner Myelodysplastic Syndrome 10/1/94 Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants resulting in daath) Lest Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequance of): Pert II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware eutopsy findings available prior to completion of cause of death? Completed 24a. Was en autopsy performed? 2 No 1 ☐ Yas 2 ☐ No Be 25. Was cesa rafarrad to medicei axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 2 X No 1 Yas 1 npatiant 2 ER/Outpatient 3 DOA 27. Mannar of Deeth 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide 16Z.Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, date end place, and due to the causa(s) end manner stated. Medicai 29a. Cartifier (Check only 29b. Signature and title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year) 96 30. Nama and addrass of Person who complated ceusa of death (itam 23a) (Type, Print)

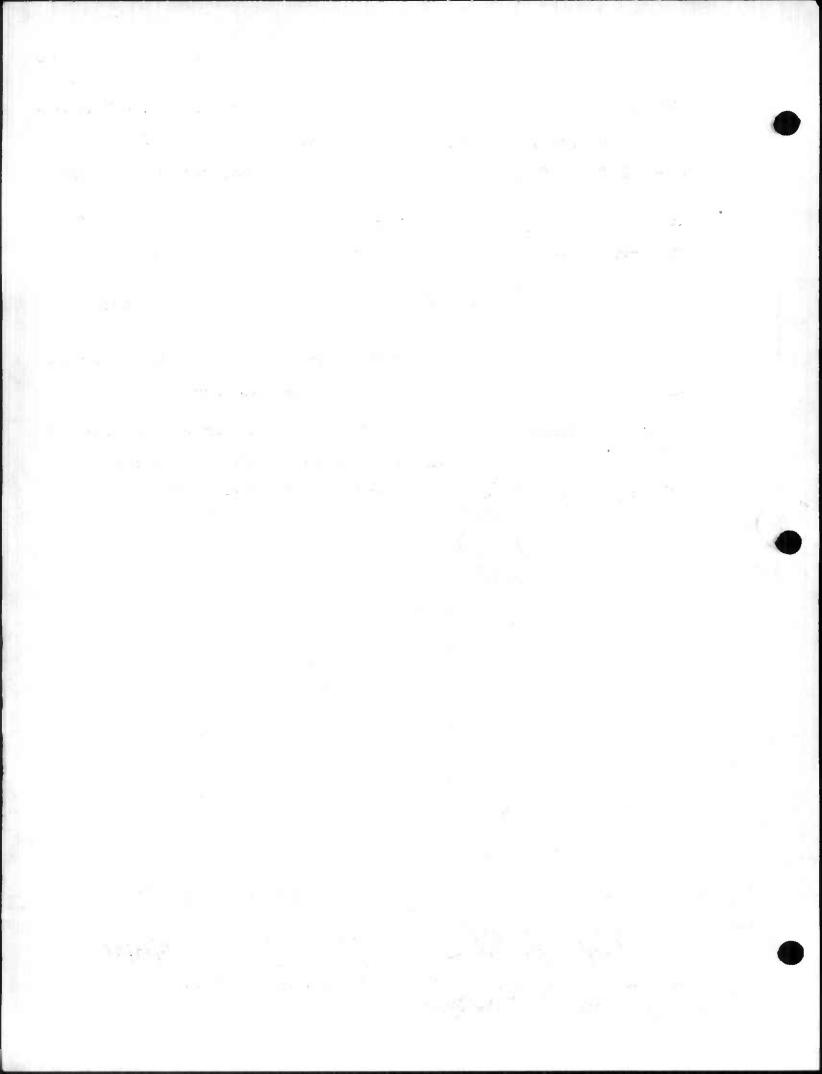
Christopher F. Avelino, M.D., 10 N. Greene St., Balto., MD

32 Registrar's Signature

21201

State Registrar 31. Data filed (Month, Day, Year)

SEP 171996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 05 4a. Facility Name (If not Institution, give street and number) 4b City Town or Location of Death 4c. County of Death Ceuter H Under 1 Yeer Days Tedical 6. Sex timen Ow Son Birthplece (State or Foreign Country) If Under 24 Hrs. 7. Age (In yrs. last birthday) Days 1 M 2 □ F 66 Yrs. Virginia 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Baltimore Timonium 10f. Zip Code 10g. Citizen of What Country? 21093 USA 2012 Dumont Rd. 12. Was Decedent Ever in U,S. Armed Forces? 1 ⊠Yes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No Specify: Specify 3 ☐ Widowed 4 ☐ Divorced White 16b. Kind of Business/Industry 15. Decedent's Education 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) College (1-4or 5+) +9 Family Physician Medical Doctor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) William Storey Littleton Elisabeth James 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2012 Dumont Rd. Timonium, Md. 21093 S. Virginia Littleton/Wife 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 9-17-96 Timonium, Md. Dulaney Valley Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lice 22. Name end Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth House Due to (or as a consequence of):

Physician /Medical Examiner

permit_Pales 1 and 2 should be file Department of Health and Mental Hy Important: If them 27 Is marked other any Injury or other traumatic event ones.

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Items 23a death

should be filed within 72 hours after on Mental Hygiene.

marked other than "natural", or item

Baltimore, Maryland 21215-0020

Director

by

0

Samo

5. Social Security Number

218-24-6828 Usual Residence of Decedent

10e. Street and Number

Elementary/Secondary (0-12)

20a. Method of Disposition

Immediate Cause (Final disease or condition resulting in death)

11. Marital Stetus

John

10a. State

44

10b. County

Physician/Medical Examiner ð Completed Be 2

The law requires that the death certificate be executed physician and the burial-tran 5 bengis d be det To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director;

Records, P.O. Box 68760.

of Vital

Division

30

State

Registrar

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 24b. Were autopsy findings available prior to 24e. Wes an autopsy performed? completion of cause of death? 1□ Yes 20 No 1 Yes 2 No 25. Was case referred to medical 26. Piece of Death (Check only one) examiner? 10 Yes 2 No Pro Downell Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 12 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piace, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Day, Year)

Schneider

Roger

31. Dete filed (Month, Day, Year)

30. Name and address of

29b. Signature and title of certifier

2112

Bel

Road 15404 32. Registrer's Signature a Truidson

rson who completed cause of death (item 23a) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 275 17

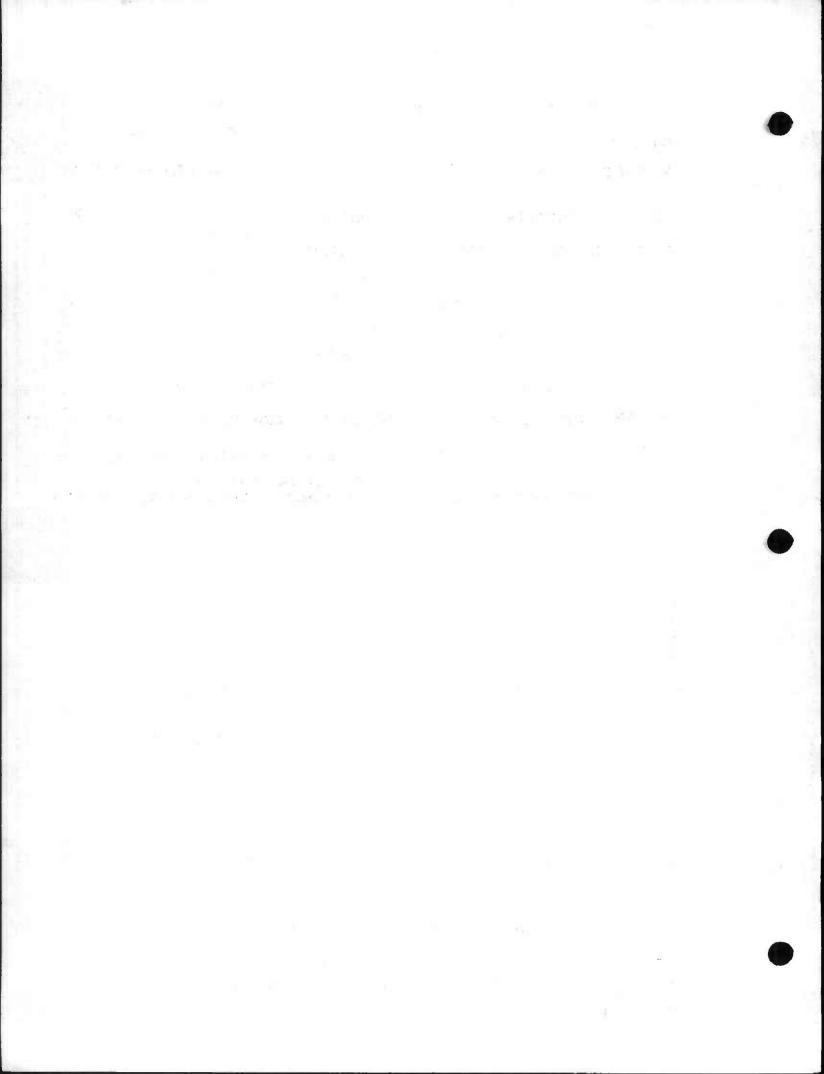
				State	oi wa	ryiana /		rtment of r	Death	mental H	ygiene Reg. No.	90	21311		
	Dhusial		1. Decedent's Name (First, Midd	lle, Last)						2. Date of D		Yaar	3. Tima of Death		
	Physici /Medic		Famic P. Le	vin						Teptano		1974	10:15 A.M.		
	Examir		4a. Facility Nama (If not instituted SINAI HOSPITA		um <i>ber)</i>				4b. City, Town, or Location of Death BALTIMORE 4c. County of Death N/A						
	Funeral		5. Social Security Number	6. Sex	7. Aga	(In yrs. last	birthday)	If Undar 1 Yaar Months Days	If Under 24 Hrs Hours Min	8. Data of B	irth lay, Year)	9. Birth	place (State or Foreign		
	Director		216–16–5402	1□ M 2□ F		84	Yrs.	Months Days	TIOUIS IVIII		24,191		RYLAND		
	and with		Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location		ation				10d. Inside City Limits						
	Mary Fed a	tor	MARYLAND	N/A				BALTI	TIMORE				1 XYas 2 No		
	r 28s	Directo	10a. Street and Number				<u>. </u>	10f. Zip Coda			10g. Citizen	of What Cou	ntry?		
	23a o		2500 W. BELVEDE	RE AVE.,	APT.	502		21	.215			JSA			
	em a	Funeral	11. Maritai Status	12. Was Dec	cedant Ev	ar in U,S.	13. W	/as Decedent of H	lispanic Origin? (S an, Maxican, Puer	Specify Yas or N	0- 14. F	Race - Amari Black, White,			
20	J within 72 hours ster death with the Maryland Jiona. Than "natural", or items 23a or 28a-1 show the Madeal Exerciter must be notified at	by Fu	1 Never Married 2 Ma	If Yas, G	ive	i	i	□ Yes 2 No	Specify:	to thous, over,	Spe		WHITE		
Maryland 21215-0020	tural tal Es		3 XWidowed 4 ☐ Divorce	d Year or E	Datas:	16	Ra Decede	ent's Usual Occup	etion		16b Kind o	f Businass/In			
212	n n n	plet	(Specify only highs Elementary/Secondary (0-12)	ast grade completed) College ((Give k	ind of work done O NOT use retire	du <i>n</i> na most of wa	rking	TOD. KING O	Dusillessyll	dustry		
21		Completed	12	College	(1~401.3+		LEG	SAL SECRE	ETARY		LAW				
pu	be filed tal Hygid d other event, n	Be (17. Father's Nama (First, Middle	, Last)					18. Mothar's Na	ma (First, Middl	e, Maiden Sum	iema)			
7	Men Men Men Men Men Men Men Men Men Men	To	MAX PERLIN						BESS				LINSKY		
Ma	alth and 27 is ma		19a. Informant's Name/Relation			1			end Number or R						
e,	s 1 and 3 if Health them 27 other tr		MR. RALPH S. LE 20a. Method of Disposition	VIN (SON)		20b. Place	ot Dispos	ition (Name of	STOWN RD	Date		n - City or T			
OE .	Pages ent of ht: If It		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (3		al from State HEBREW YOUNG MENS - 9-						6- BAL				
altimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other once.		21. Signature of Funeral Service	-	ite	tile	22.	Name and Addra							
B	Depa impo any is	Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 2										21200			
0		W.	23a. Part1. Enter the disease, of shock, or heart feilure. Lis	r complications that	caused the	ne death. D	o not anta	r the mode of dyir	ng, such as cardia	c or respiratory	arrest,	re, un	Approximate Interval Between		
	Physician /Medicai												Onset and Death		
	Examiner		tmmediate Cause (Finel disease or condition resulting in death)	a. Pr	1201	nonia	_								
	1115	Jer		0	D	ue to (or es	a consequ	ience ot):	1100						
	icate be axecuted physician and s tha bunal-transit	Examiner	mediate Cause (Finel disease or condition resulting in death) Due to (or es a consequence ot): Congostive Heart Failure Due to (or as a consequence of):												
90,	e axe														
68760,	ficate be axecuted physician and s the bunal-transi	edical	that initiated events resulting in death) Last	ů	Di	ue to (or as	a consequ	ence of):							
				d											
Box	death cert	Physician/M	iciar	iciar	Part II Other significant conditi	nee contribution to d	family but		- 1- Ab	d		anh Di-	l Anhanan ann		
o i	by th		Part II. Other aignificant conditi		JOURN DUE	not resulting	in the und	denying cause giv	en in Part I.		Yee 2 N		to the cause of death?		
	9 5 8	by F	Ostcopon	252									Д.		
of Vital Records,	v requires been sign should be										s an autopsy formed?	av.	Vere autopsy tindings vallabla prior to		
Sec	has b	Completed										of	ompletion of cause death?		
alF	cartificate ha									1□	Yes 20 No	11	□Yas 2□No		
<u> </u>		o Be	25. Was case reterred to medical examiner? 1 Yes 2 No	Monettel: /		- C = D =		Oth	26. Place of De						
	a Physical distriction	-	27. Manner of Deeth	28a. Dete	Inpetient of Injury		Outpatient Time of	3 DOA 28c. Injur	4 U Nursing I	fome 5 ☐ Res 28d. Describe	how injury oc		(y)		
lo lo	Attending is or death. ector: After by the funa.	atio	1 Netural 5 Pendi 2 Accident invest	1 Netural 5 Pending (Month, Dey Year) Inju					k? Yes 2 ☐ No						
Division	after death Director: I in by the	Certification:	3 Sulcide 8 Could 4 Homicide determ	nined 288. Place	e ot Injury ling, etc.	(- At home, (Specify)	tarm, stree	et, factory, office			(Street and Nu	mber or Run	al Route Number,		
Δ	oltal o														
	24 hours 24 hours Funeral ately filled	edicai	29a. Certifier 1 Certifyli (Check only one) 2 Medicat	ng Physician: To the Examiner: On the b	e best of a basis of ea onar state	xamination a	ge, death o and/or inve	occurred at the tire estigation, in my o	na, date and place pinion, death occe	e, and due to the urred at the time	cause(s) and , dete end plac	manner as s e, and due t	itated. o the cause(s)		
	To the Hospital or Attending Ph within Z 4 hours after death. To the Funeral Director: After th complately filled in by the funaral	Me	29b. Signature and titla of certific	or				29c. Licens	c. Licensa number 29d			ed. Date signed (Month, Day, Year)			
			Coul Lynn	Lipstoli	mi),		ASON	52402321CT4036 September 13, 1						
	10	f	30. Name and address ot person				a) (Type, P		V = 113			1			
	10		Jine: Hospit	al of E	Ball	more	BU	outesc	Auroc						
	Star Registra		31. Date tiled (Month, Dey, Year, SEP 1 7 1996	Luka Day	Registrar's	Signature	2								

DHMH 16 Rev 6/95

a allegation that the

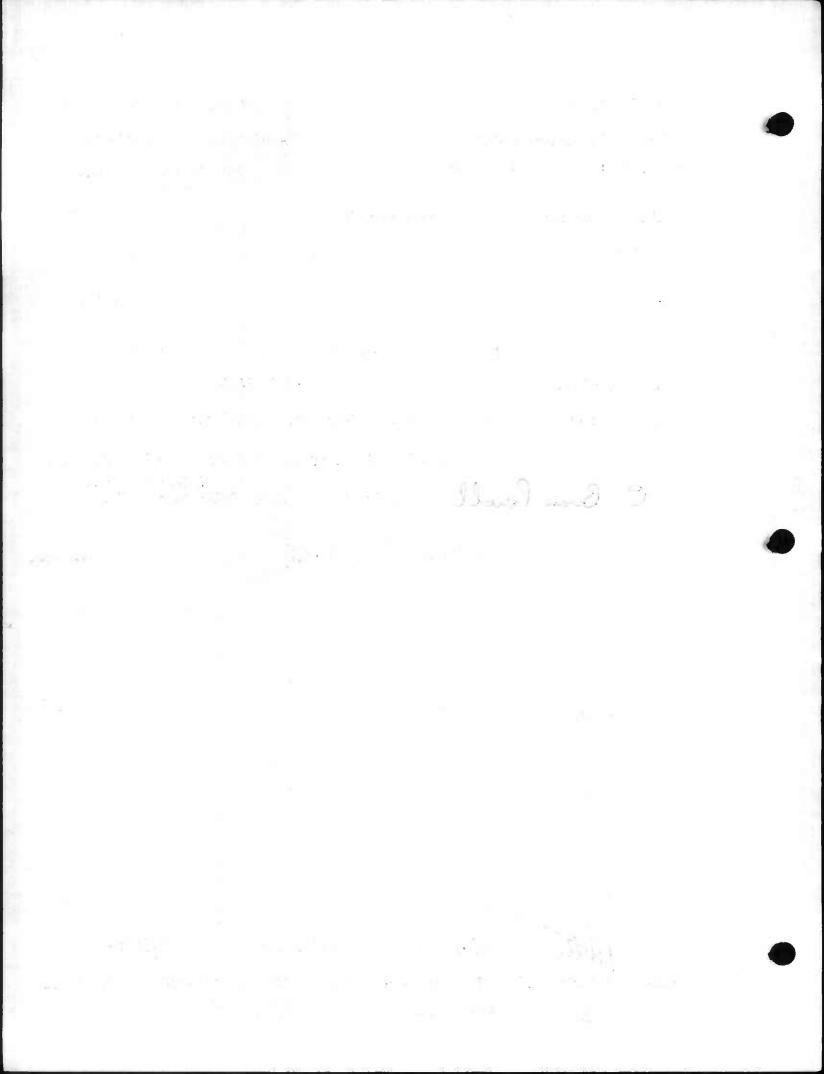
State of Maryland / Department of Health and Mental Hygiene 96 27518

						Certificate	of Death		Reg. No.	0 2	1010	
	Ob		1. Decedent's Neme (First, Middle, Las					2. Dete of De Month	eth Dey	_Year	3. Time of the	
	Physic /Medi								11 1	996	11.10 Am	
):	Exami		4e. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or t	Location of Deet	4			
			LEVINDALE						N/			
	Funeral Director		5. Social Security Number 6. Sec. 144–09–2958	7. Age	(In yrs. last b	Yrs. Hugr 1 Months	Yer if Under 24 Hrs. Deys Hours Min.	8. Dete of Bir (Month, De JUNE	23,1918	9. Birthplace Country) NEW	e (State or Foreign YORK	
	9		Usuei Residence of Decedent									
	nytan thow	21	10a. Stete 10b. County		10c. City, Tov	vn or Location				10d.	Inside City Limits	
	th the Marylan or 28a-f show e notified at	Director	MARYLAND BALTI	IMORE		TOT	SON				1X Yes 2 □ No	
	or 28a-f	Dire	10e. Street and Number			10f. Zip (10g. Citizen of	What Country	?	
	23a	[a]	8420 CHARLES VALLE	SY CI., API	r. C		21204			SA		
	r do	Funeral	11. Meritei Stetus	12. Wes Decedent Ex Armed Forces?		13. Wes Decede if Yes, specif	nt of Hispanic Origin? (S y Cuban, Mexican, Puert	pecify Yes or No o Rican, etc.)	- 14. Rad Bie	ck, White, etc.		
Maryland 21215-0020	hours after tural", or the	by	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 □XYes 2 □ No If Yes, Give 1□ Yeer or Detes: WWII		1□ Yes 2	1 Yes 2 No Specify:			Specify: WHITE		
50	72 ho netur dicel	Completed	15. Decedent's Ed (Specify only highest grad	ucation	166	Decedent's Usuel	Occupation	tina	16b. Kind of B			
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2	or the state of th	Co		5+ ATTORNEY					LA	N		
P	of be fill ental Hy kad offh c even	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Nen	ne (First, Middle	, Meiden Suman	10)		
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6	haalth m 27 her t		MRS. ROSE LUDMER	(WIFE)	an Birri		RLES VALLEY					
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9	FULLER		Sintell	1 61 11	1		isterstown			MD :	21208	
1			23a. Pert1. Enter the disease, or comp shock, or heart teilure. List only of	illcetions thet caused t	he deeth. Do					Ac	poroximate	
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ч			Immediete Cause (Finai disease or condition	PNIFU	man	A (A	PIRATION			601	IR DAYS	
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5.4	entification of the parties of the p	5	L	d						i		
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o	the de	ysic	Part II. Other significant conditions co	ntributing to death but	not resulting	in the underlying car	ise given in Pert I.	23b. Did	tobacco usa co	ntributs to the	e cause of death?	
s, P.O	w requires that the deeth certificate be executed to been signed by the ettending physician and should be detached for use as the burlal-transit	Completed by Physician/	STATUS POST	RIGHT	CERE	BRO VA	SCULAR	10	Y98 2 000	3 Probeb	ly 4 ☐ Unknown	
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Ö	Attanding or death. ector: After by the fune	atio	1 DNeturel 5 Pending 2 Accident investigation									
Vis	Afte ecto by th	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Pleca of injury	y - At home, to	erm, street, tectory,	office	28t. Location (City or To	Street end Numb	per or Rural R	oute Number,	
Ö	s after	Se	A	building, etc.	(Specify)			Only of 10	mi, State)			
	To the Hospital or Attending Phy within 24 hours after death. To the Fuharral Director: After thi completely filled in by the funeral	edicai	29e. Certifier (Check only one) 12 Certifying Phy 2 Madical Exami	sician: To the best of inar: On the basis of e end menner stets	xeminetion er	e, deeth occurred et nd/or investigetion, i	the time, dete and pleca my opinion, deeth occur	, end due to the rred et the time,	cause(s) end ma date end piece,	inner as state end due to the	d. e cause(s)	
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State of Maryland / Department of Health and Mental Hygiene 96 275 | 9

						Cert	ificate d	of Death		Reg. No.		trees &	010		
	أحنصنما		1. Decedent's Name (First, Middle, La	st)					2. Data of De Month	ath Day	Year	3. Tin	ma of Death		
	hysici /Medic	_	Elsie I. Land	L					Sept.	16 1	996	4:4	5 AM		
	xamin	-	4a. Facility Name (If not institution, give						or Location of Death	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	y of Death				
			North Oaks Heals	ille	-	ltimo.									
	neral actor		113-32-1433	ax 7. Aç □M 2∑F	e (In yrs. last l	Yrs.	If Under 1 Y Months De	eer If Under 24 H eys Hours M		th Year) 0,1906	9. Births Cour Ma	Slace (Strate)	tate or Foreign		
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ath with	mens can or zeen snow inst.mast be notified at		18 Mitchell Ave				1	2603		ш	SA				
0020 hours after de	5 E	by Funeral	11. Maritai Status 1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forcas? 1 Yes 2 X If Yas, Give Yaar or Datas:			as Decedant res, specify (of Hispanic Origin? Cuban, Mexican, Pu No Specify:	(Specify Yas or No erto Rican, atc.)	Specia	ce - Amaric ick, White, fy: Wh		н,		
3 2	ofical Ex	etec	15. Decedant's Ed (Specify only highast gra	ucation da completed)	16	a. Decede	nt's Usual Oc	cupation ona during most of w	vorkina	16b. Kind of Business/Industry					
Maryland 21215-0020 d2 should be filed within 72 hours at th and Mental Hygiene.	the Me	Completed	Eiementary/Secondary (0-12)	College (1-4or : - 4 -	5+)		noruse re	ona during most of w stired) //		Own Home					
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/las	gio e	To	Kalle Koskinen					Lydia	ydia Sipila						
faryla 2 should and Men	MUM		19a. Informant's Name/Relationship (19				Rural Route Number, City or Town, State, Zip Code			Coda)			
S 20 4	pes 1 and of Health if Item 27 or other to		Nancy J. Rader -	Daughter	rp St.	Baltimore	e, Md.	2123	0						
More,			20a. Mathod of Disposition	Removal from State	Data	20c. Location	- City or To	own, Sta	ta						
E 24					Pougl	ikeep.	sie Ru	ral Cem.	9-19-96	Poughk	eepsi	e, N	I.Y.		
Depart.	any injury o		21. Signelure of Funarai Sarvice Licensee Signelure of Funarai Sarvice Licensee Communication Communica												
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しも	use as the buriel-transit	/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	c	Dua to (or as a										
on after	ō	clan									İ				
hat the de	detached	Physician/	Part II. Other significant conditions of	ontributing to death b	ut not rasuiting	In the und	erlying cause	given in Part I.		tobacco use co Yss 2□ No			4 Onknow		
0 > "	should be	Completed by							24e. Was	an autopsy ormed?	av co	aileble p	psy findings prior to n of causa		
VITAL HE	page	Mo							10	Yas 2 No	1[□Yas	212 No		
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			27. Manner of Death 1 Natural 5 Panding 2 Accidant investigation	28e. Data of Inju (Month, De	ry y Year) 28b	Time of Injury		njury al Work? 1 🗆 Yas 2 🗆 No		how injury occu			-17		
5 4 6	d in by th	Certification:	3 Suicide 6 Could not be datamined	28a, Place of Inj building, at	ury - At homa, c. (Specify)	farm, stree	it, factory, off	ice	28f. Location (City or To	Street and Num wn, Stata)	ber or Rure	al Route	Number,		
To the Hospital within 24 hours	completely filled in by the fune	edica	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medical Exam	rsician: To the best of lnar: On the basis of and manner sto	axaminetion e	ga, daath c end/or inva	eccurred at the stigation, in n	e tima, data and pie ny opinion, daath oc	ce, end due to the curred et tha time,	cause(s) and m date and place,	anner as s	tated.	Jee(s)		
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2	1		30. Name end editress of person who a Allen Hettleman.					d Suite	300 Dih	04111000	Md	2	1208		
	Stat	e	31. Data filed (Month, Day, Year)		ar's Signature		e Rout	Jule	JUU FAR	esville	, ma.		1200		



ITEMS: 23 PART I, 27, PER MEO FILM G-739 9/27/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 7. & 20b. PER F'.H. F'ILM a-73 State of Maryland / Department of Health and Mental Hygiene

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to the			- 8

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Physician	ı
/Medical	Į
Examiner	ı

520

Funeral Director

the Meryland 28a-f show Examiner must be notified at with 6 Herne 23a death

Pages 1 end 2 should be filed within 72 hours efter onest of Health end Mertal Hygiene.
Int: If tem 27 is marked other than "natural", or ites
Inty or other traumatic event, the Modrial Empirior
Inty or other traumatic event, the Modrial Empirior permit. Page Department of Important: If any Injury or once.

altimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed buriel-transi pue Box 68760. the 80 for use be detached has certificate or Attending Physician: after death. Director: After this certifica funeral director, To the Hospital or Atter within 24 hours after dec To the Funeral Director completely filled in by th

Records, P.O.

Division of Vital

G-739 9/17/96 t.t Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima ot Deeth Month ALBERT LOCKLEAR SEPTEMBER 9,1996 3:11P M 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death JOHNS HOPKINS HOSPITAL Baltimore 5. Social Security Number 7. Aga (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Deta of Birth (Month, Dey, Birthplece (State or Foreign Country) Deys **X**M 2□ F Hours -55- Yrs. 52 1/15/1944 245-64-1192 North Carolina Usual Residence of Decedani 10e State 10b County 10c. City, Town or Location 10d. Inside City Limits Director No Yes 2 No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 133 S. Maderia Street 21231 Funeral U.S.A 12. Wes Decedant Ever tn U,S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Ricen, etc.) 14. Race - American Indian, Bleck. Whita, etc. Yas 2\No It Yas, Give Yeer or Detes: 1 Navar Married 2 Married 1 ☐ Yes \$CXNo Specify. by 3 ☐ Widowed 4 ☑ Divorced Specify: American Indian Completed 16e. Decedant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collaga (1-4or 5+) 4 Roofer Construction 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumema) Be Albert Locklear Rosie Locklear 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Nadine Hammonds Friend 3000 E. Fayette Street Baltimore, Md 21224 20b. Plece of Disposition (Neme of cemetary centary or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1

☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stata
4 ☐ Donetion 5 ☐ Other (Specify) rmel Cemetery 9/13/96 Baltimore, Md 21. Signeture of Funerel Service License 22. Nema and Address of Fecility David J. Weber Funeral Home 401 S. Chester St. Baltimore, Md 21231 23a. Part J. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or hear feilure. List only one ceuse on each line. Approximate Intervat Between Onset and Death Immediate Ceuse (Final diseasa or condition resulting in daath) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE Due to (or as a consequence of) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of) Physician/Medical Dua to (or as e consequance ot): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably Unknown þ Completed 24e. Was en eutopsy performed? 24b. Were eutopsy tindings available prior to completion of causa of deeth? DELYes 2 No 2 No Be 25. Wes cese referred to medical axaminer? 26. Plece of Death (Check only one) 1☐XYes 2☐ No Hospital Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Mennar of Death 28b. Time of Injury 28d. Describe how tnjury occurred 28c. Injury at Work? 5 Panding investigation 1XX Natural 2 Accident 1 Yes 2 No 6 Could not be determined 28t. Location (Streat and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Plece of tnjury - At home, ferm, street, tectory, office building, etc. (Specify) 4 - Homtcide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, data end plece, end dua to the ceuse(s) and menner es stated.

2 Xerifying Physician: To the best of my knowledge, deeth occurred et the tima, data end plece, end dua to the ceuse(s) and menner es stated.

2 Xerifying Physician: To the best of my knowledge, deeth occurred et the tima, data end plece, end dua to the ceuse(s) and menner es stated. Medical 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

O.C.M.E.

SEPTEMBER 10,1996

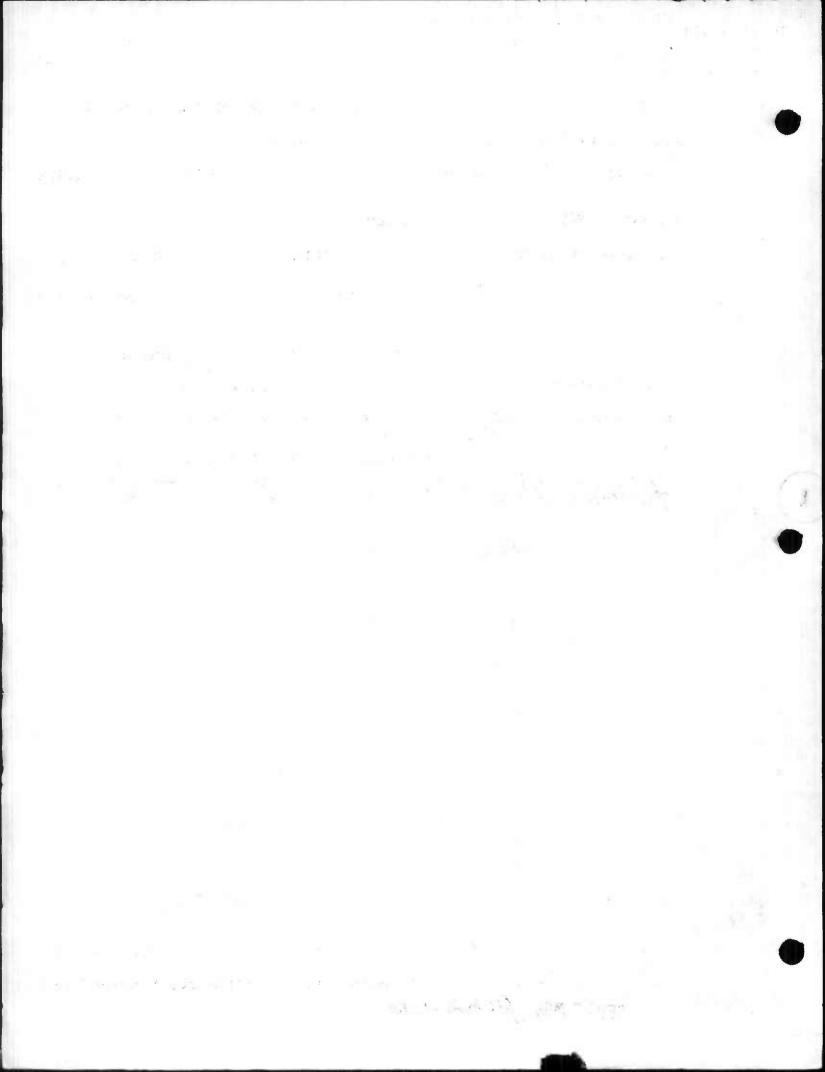
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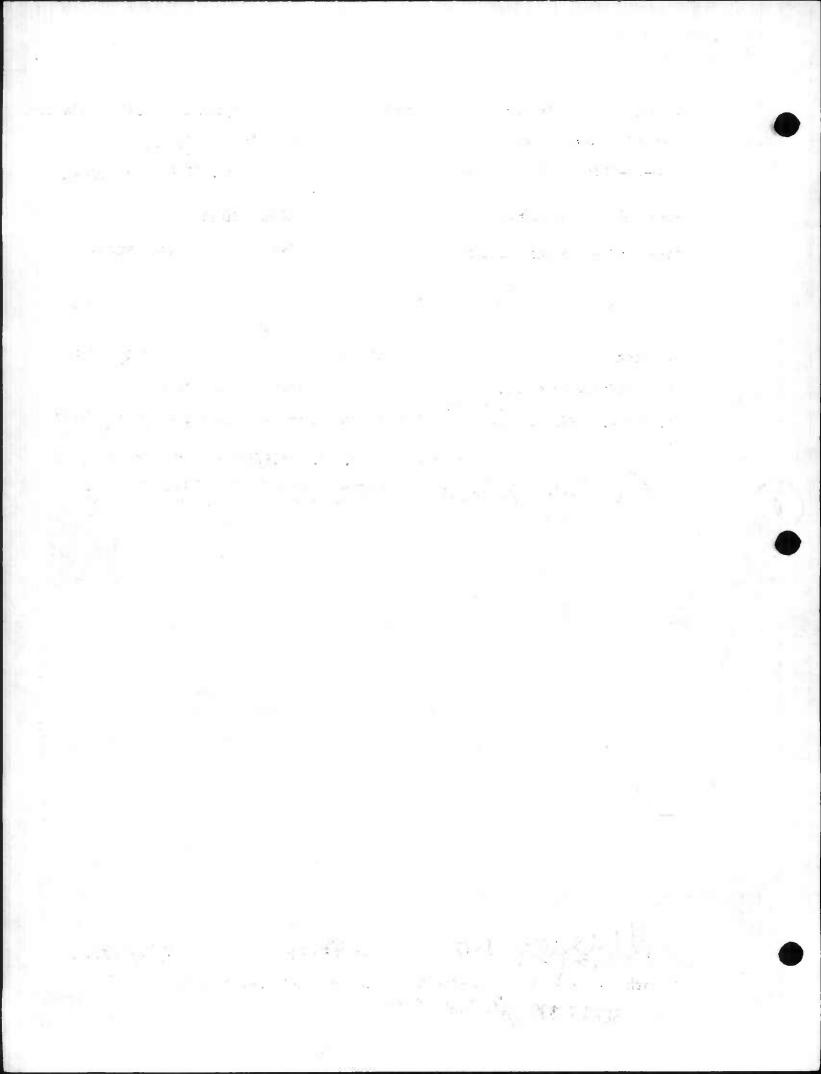
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30. Nema end addrass of person who complated cause of deeth (Itam 23a) (Type, Print)

Chute MD 111 Penn Street, Baltimore, Maryland 21201 Registrar's Signeture



	_				Certifi	cate of	Death		Reg. No.		
Phys /Me	lcian dical	1. Decedent's Name (First, Midd Michael	Luther		MACE			2. Dete of De Month Septem	Day	Yeer 1996	3. Time of Deeth 5:28 a.m
Exan	niner	4e. Fecility Neme (If not institution Franklin Squ					4b. City, Town, or Li ROSSUIL		4c. County Baltin		2715
Funera Directo	-	5. Social Security Number 246 ≈ 84 ≈ 2131 Usuel Residence of Decedent	6. Sex 7. A 1 □ XLM 2 □ F	Age (In yrs. last b. 44		Inder 1 Year oths Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da	TI Year) 951	9. Birthpl Count Mary	lece (State or Forei try) Land
yland		10e. Stete 10b. County	,	10c. City, Tov	vn or Location	1			_	10	Od. Inside City Limi
8a-f si	Director	Maryland	Baltimore				Middle	River			1 □ Yes 2 🖔 🕯
th with the	al Dire	10e. Street end Number 9906 Berliner	Place Apt.	Н	10	f. Zip Code	21220		10g. Citizen of 1 United		
parmit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiane. Important: if Item 27 is marked other than "natures", or items 23a or 28a-f show any injury or other traumatic event, "na Medical Extraner must be notified at	Funeral	11. Meritel Stetus 1 □ Never Married 2 □ Mar	12. Wes Deceden Armed Forces Tried 1/C/Yes 2	nt Ever in U,S. s?			lispanic Orlgin? (Sp en, Mexican, Puerto	ecify Yes or No Rican, etc.)	- 14. Red Blee	ce - America ck, White, e	
ral', o	ρ		If Yes, Give Yeer or Detes	: Vietnan	1 1 Y	es 2 No	Specify:		Specify	v: Wi	hite
-natu	letec	(Specify only highe	nt's Education est grade completed)	18e	Decedent's (Give kind of	Usuei Occup	ation during most of work d)	ing	16b. Kind of B	usiness/Ind	lustry
hygiane. her than	Completed	Elementery/Secondary (0-12) 12 Years	College (1-4or	r 5+)		ifter				unica	tion
ed off	o Be	17. Fether's Neme (First, Middle, Arlie William					18. Mother's Nem			ne)	
mark umati	2	19e. Informent's Neme/Relations		ents 191	b. Meiling Ad	dress (Street	end Number or Run			Stete, Zip	Code)
n 27 is		Mr. & Mrs. Arl	ie W. Mace	1	702 E	vergree	en Drive				21222
If item		20e. Method of Disposition XBuriel 2 □ Cremetion	3 □Removel from Stete	cemete		or other plea		Dete	20c. Location -		
ortant	4	4 Donetion 5 Other (S	Specify)	Hally			2. Cem. 9/				
Imp		> (/h-/	WE	L //	Dud	a-Ruck	Funeral	Home of	Duridal	k, In	c.
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ysiciar		SHOCK, OF HOUR TAILUTE. CIST	only one cause on each	una,							interval Between Onset and Deeth
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is certificate director, pag	Be	25. Wes case referred to medice exeminer?				Ou.	28. Place of Deetf	(Check only o	ne)		
this aid	7.	27. Menner of Death	Hospitel:		utpetient 3	DOA Othe	4 LI Nursing Ho		dence 8 Other)
r: After	atlor	1 Naturel 5 ☐ Pendin 2 ☐ Accident Investi		ey Yeer)	Injury M	28c. Injury Work	Yes 2 □ No	.og. Describe i	low injury occur	90	
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within 24 hours after To the Funeral Dire completely filled in t	edical (29e. Certifier 1 CertifyIn (Check only one)	g Physician: To the best Examinar: On the besis of end menner si	of examinetion en	deeth occur d/or investige	red et the time etion, in my op	e, dete and piece, e pinion, deeth occurre	and due to the o	ceuse(s) end me dete end plece, o	nner es ste	ited. the ceuse(s)
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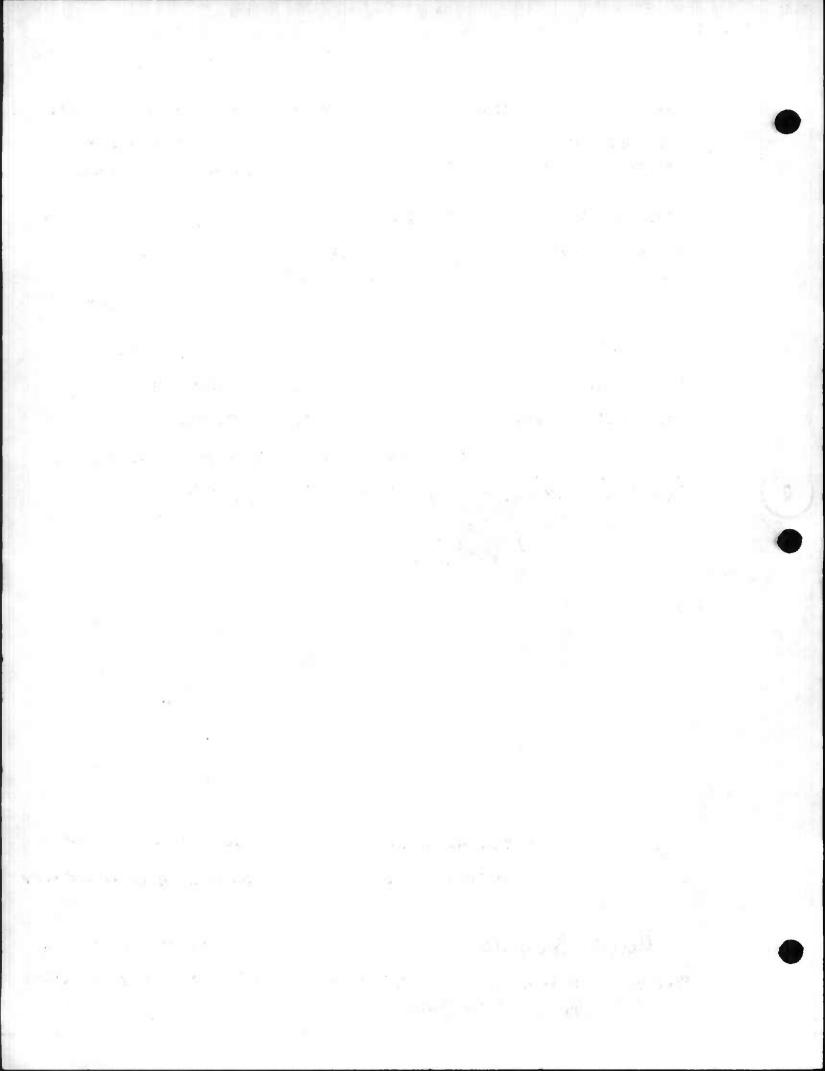
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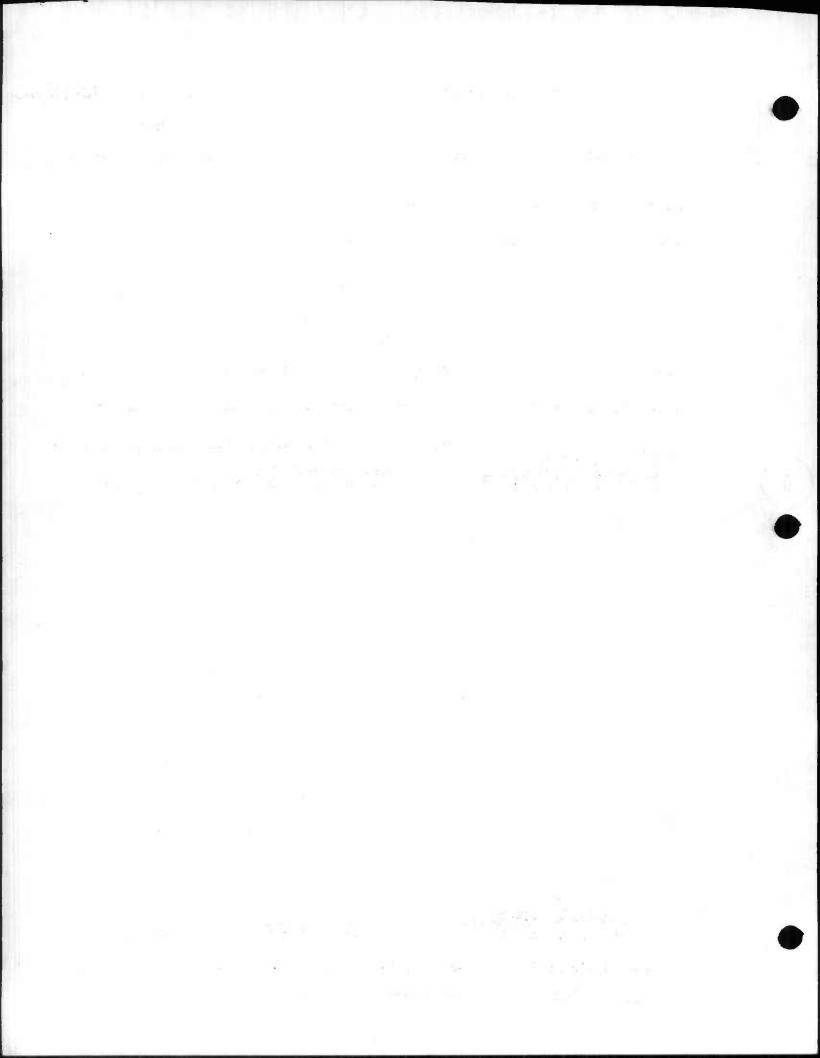
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show d at	-				Town or Loc					10d. Inside City Limits
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al, or items 23s or 28s-f show Examiner must be notified at	Director	10e. Street end Number	717311117			10f. Zip Code			10g. Citizen of	The state of the s
23	2	946 REGINA AV					227		USA	1
E Z	Funeral	11. Maritai Status	Armond Con	lent Ever in U,S.	13. W	Ves Decedent of Yes, specify Cul	Hispenic Origir oen, Mexican, I	n? (Specify Yes or No Puerto Rican, etc.)	0- 14. Rad Ble	ce - American Indien, ock, White, etc.
o E	by F	1 Never Married 2 Married 3 Widowed 4 Divorced	If Yes, Give		1	☐ Yes 2 No	Specify:		Specif	fv:
odical Ex	D D		Year or Da							WHITE
the Medical	Completed	15. Decedent' (Specify only highest	s Education grade completed)		(Give k	ent's Usuel Occu kind of work done O NOT use retin	petion during most o	f working	16b. Kind of B	Susiness/Industry
New Year	m C	12 YEARS	Coilege (1-	for 5+)	VEND		90)		m D	DOF
event, I	Ö	17. Father's Neme (First, Middle, L	ast)		VLIND	THO	18 Mother's	Neme (First, Middle		ROE
C 0 V	00	LEWIS McCARTY	,					SA BRZOZ		
traumetic	2	19e. Informent's Name/Relationsh			10h Mailine	a Address (Street	1	or Rural Route Numb		Ctoto Zin Codel
trau		MS. THERESA M		C					1D. 212	
other		20e. Method of Disposition		20b. Pie	ce of Dispos	ition (Neme of		DALIO. I		· City or Town, Stete
6		1 ⊠ Buriei 2 □ Cremation				etory or other pla				O. CO. MD.
ulu.		4 Donetion 5 Other (Sp		1101)				3-14-90	DALIC	7. CO. MD.
any injury or ot once.	1	21/ Signeture of Funeral Service L	Consey	1	V Δ	Neme end Addr	ess of Fecility	NERAL HO	ME	
- 6 0		Marles To	AN PAU	ruske	/ 12	01 DIINI	DVIK V	NENHE DA	ME TTO M	(D 21222
		23e. Pert1. Enter the disease, or shock, or heart feilure. List of	emplications that car	used the deeth.	Do not ente	r the mode of dy	ing, such es ca	rdiac or respiretory	prest,	1D 2122 Approximete Interval Between
sician										Onset end Deeth
dical niner		Immediate Cause (Final disease or condition		ANGIA	10					
iner		resulting in deeth)	0.	•	s e consequ	ience of):				į
¥.	Examiner									
rans	am	Sequentially list conditions,	Ь. ———	Due to (or e	s a consequ	ience of):				
<u> </u>		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying								
s the bunal-transit	Ca	Ceuse (Diseese or Injury that initiated events resulting in deeth) Last	c	Due to (or e	s e consequ	ence of):				
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- 1			d							
detached for	Physician	Pert II. Other significant condition	s contributing to dee	th but not resulti	na in the une	deriving cause of	ven in Pert I.	23b. Did	tobacco usa co	
facri	, h					, , , , , , , , , , , , ,				ntribute to the cause of death?
8	-							10	Yes 2N No	ontributs to the cause of death?
9	2							10	Yes 2 No	ontributs to the cause of death?
2	ed by							24e. Wes	an eutopsy	3 Probably 4 Unknown 24b. Were eutopsy findings
8								24e. Wes		3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause
8								24e. Wes	an eutopsy primed?	3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of deeth?
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page 2 should be	Be Completed	25. Wes case referred to medical examiner?	Hospitel:			Ot	ham	24e. Wes perfe	an eutopsy ormed?	3 Probably 4 Unknown 24b. Were sutopsy findings available prior to completion of cause of deeth? 1 See 2 No
olrector, page z snould be	To Be Completed	examiner? 1 □Xves 2 □ No	1 ∐ Inp	patient 2 E		3LI DOA	her: 4 Nursi	24e. Wes perfo	an eutopsy ormed? es 2□ No one)	3 Probably 4 Unknown 24b. Were eutopsy findings availeble prior to completion of cause of deeth? 1 Des 2 No ner (Specify) BRIDGE
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s certificate has been sign director, page 2 should be	Medical Certification: To Be Completed	examiner? 1	28e. Dete of (Month) tition at be ed 28e. Piece or building 28e. Piece or building 28e. Piece or building Conthe bas end menne	Injury Dey Year) I Injury - At horm, etc. (Specify) Des Year etc. (Specify) Des Year pet of my knowies of examinetion rested.	Sb. Time of Injury I V 27 A e, farm, stree To Y L 0 odge, deeth of end/or invention Be) (Type, Pi 111	28c. Inju Wc M 1 = 28c. Inju Wc	me, dete end popinion, deeth	24e. Wes perfect the lime, 24e. Wes perfect to the lime, 24e. Wes perfect to the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. Wes perfect the lime, 24e. West pe	an eutopsy med? Ses 2 No No None) dence 6 Noth how injury occur Street end Number, Stete) LIS PAR Cause(s) and medete end plece, 29d. Dete signe EPTEME	3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of deeth? 1 Pres 2 No ner (Specify) BRIDGE red Per or Rural Route Number, 2 DUMP STORE and dua to the cause(s) Indicate the store of the cause o



	_					Cei	rtifica	te of	Death			Reg. No.		Uil .
Physicia	n	Decedent's Name (First, Middle	le, Last)								2. Dete of De Month	Path Day	Year	3. Time of Death
/Medica	at .	Carolyn DeV			castle							13, 199		12:45 pm
Examine		4a. Facility Neme (If not institution	n, give street and n	u <i>mber)</i>					4b. City, Tov	wn, or Lo	ocation of Deet	h 4c. Coun	ty of Death	
		Stella Maris							Towso	n		Ba1	timor	e
eral	П	5. Social Security Number	6. Sex	7. Ag	ge (In yrs. last b	oirthday)	If Unde	Pr 1 Year		24 Hrs. Min.	8. Dete of Bir (Month, De	th Veer)	9. Birth	place (Stete or Foreign
tor		218-05-3096	1□M 2∏ F		95	Yrs.	MOTITIS	Days	Hours	IVIII.	Jan 10	, 1901		ryland
	- 1	Usual Residence of Decedent												
Doce -	.	10a. State 10b. County			10c. City, To	wn or Lo	cation						1	10d. Inside City Limits
	2	Maryland Balt	imore		7	Cows	on						(61)	1 ☐ Yes 2 ☒ No
1	Director	10e. Street end Number					10f. Zi	p Code				10g. Citizen o	What Cou	ntry?
		2300 Dulaney V	alley Roa	ıd				212	04				USA	
	Funeral	11. Maritel Status	12. Wes De	cedent	Ever In U,S.	13.	Nes Dece	edent of I	lispanic Orig	gin? (Sp	ecify Yes or No		ce - Americ	
		1 Never Married 2 Marr	rled 1 Tyes	200					en, Mexican,	, Puerto	Pican, etc.)		ack, White,	etc.
	2	3 Widowed 4 ☐ Divorcad	If Yes, G Year or	Dates:			1 ☐ Yes	ZIXI NO	Specify:			Spec	Wh:	ite
	Completed	15. Deceden (Specify only higher	t's Education	1.	16	a. Deced	dent's Usu	al Occu	pation during most	ndnd	t	16b. Kind of	Business/In	dustry
	d	Elementery/Secondery (0-12)	College		5+)	life. L	DO NOT	use retire	during most	OF WORK	ing			
13	5	12	n/a]	Purcl	nasi	ng Age	nt		C1ot	hing	
100	9	17. Fether's Name (First, Middle,	Last)						18. Mother	r's Name	e (First, Middle,	Meiden Sume	me)	
F	0	John			DeVo	у			E1	izal	oeth		Do	yle
		19a. Informent's Name/Reletions	hip (Type, Print)		19	b. Meilin	ng Addres	s (Stree	and Number	r or Run	al Route Numb	er, City or Tow	n, Stete, Zip	Code)
		Mrs. Mary M. F	ields								Timoni		2109	
		20a. Method of Disposition			20b. Placa	of Dispo	sition (Na	me of			Date	20c. Location	- City or To	own, State
		1 N Buriel 2 □ Cremation 4 □ Donation 5 □ Other (S		State			natory or			17	7, 1996	m		
	-	21. Signature of Fugeral Service.			Dulai				em. Gr		. Sept	Timoni	um, M	aryland
		Dualit	Varit						neral		2			
		Bryan W. Cl	aty	9		10	0 W.	Pad	onia R	oad,	, Timon		210	93
		23a. Part V Enter the disease, or shock, or heart failure. List	complications that only one cause on	caused each li	d the deeth. Do	not ente	er the mo	de of dyl	ng, such as c	cardiac	or respiretory e	rrest,		Approximate Interval Between
1														Onset and Death
al		Immediate Cause (Finel disease or condition	/	15	CVT)								
		resulting in deeth)	0. / 2		Due to (or es e	conseq	uence of)	:						
1	Ď.													
Fyaminer		Sequentially list conditions,	b. ———		Due to (or as a	consea	uence of)	*						
		if any, leading to immediate cause. Enter Underlying				CARTON								
Pedical	2	that initiated events	C		Due to (or as e	conseni	uenca off-							
1	3	resulting in death) Last			(00 0									
M/d	1		d											
100	2	Part II. Other algnificant conditio	na contribution to a	lanth b	ut not rongition	In the co	dort I	ooues - '	una la Da a f		00h DIA	Inhages	manda e e e	Abo an area of the second
Physicia						in the Ur	raenying (ranze dy	en in Pan I.					the cause of death?
		DEM	CN	/	1						10	Yes 2 No	3 Pro	bably 42 Unknown
A D					, -						240 1840-	an autonom	24h W	ere autopsy findings
Completed	3											an autopsy rmed?	av	eileble prior to mpletion of cause
au														death?
Co											101	res 2000	10	Yes 2 No
Be		25. Was case referred to medical examiner?							26. Plece	of Death	(Check only o	ne)		
To		1 Yes ENNO	Hospitel: 1	Inpatie	nt 2 ER/O	utpatient	3 D	Oth Oth	ner: Nur	sing Ho	me 5 Resid	dence 8 🗆 O	her (Specif	y)
		27. Manner of Death 1 20 Natural 5 ☐ Pending	28a. Date			Time of Injury	1	28c. Injui Wo			28d. Describe h			
atle		2 ☐ Accident investig	3	, 50)		ary	М		Yes 2□N	lo				
Certification:		3 Suicide 6 Could r	ined 286. Place	of Inju	ury - At home, f	arm, stre	et, factor	y, office		1	28f. Location (5	Street and Num	ber or Rura	l Route Number,
Sen		- La Frontiona	Dulid	niy, øto	c. (Specify)						City or Tou	vii, 51010)		
		29a. Certifier Certifying	g Phyalcian: To the	best o	of my knowleda	e, death	occurred	at the tir	ne, dete and	placa.	and due to the	cause(s) and n	anner as si	ated.
edical		(Check only 2 Medical i	Examiner: On the b	asis of	examination ar	nd/or Inv	estigation	, In my o	pinlon, death	occum	ed at the time,	date and place	, end due to	the cause(s)
Me		29b. Signeture and title et certifier	1				29	c. Licens	e number			29d. Date sign	ed (Month.	Day, Year)
		-6	00	3	ex			~	568	/				
		Ebrahim Ip							2 08	0		Sept	16, 1	996
	3	0. Name and address of person v												
		Ebrahim Ip			600 Osl			Tows	son, M	D 2	21204			
tate	3	1. Date filed (Month, Day, Year)	32. F	legistre	r's Signature	1.00								
istrar		APL T (C	130 0		I WOOT - MO	- Proces	Ξ.							



9. Birthplace (Stete or Foreign Country) Maryland

10d. Inside City Limits 1 ☐ Yes 2 No

Approximate Intervel Between Onsel and Death

action fraction 36%.

Physi /Med			nton	McCormic	k	-					1, Day	Year 96	3. Time of Death
Exam	iner	4e. Facility Name (If not institution 7 Warren Lodge						4b. City, To		ocation of Deeth	72.2	ty of Deeth timor	
Funera Directo		5. Sociel Security Number 216–20–3178	6. Sex 1 X M 2 ☐ F	7. Age (In yrs. I	est birthday) Yrs.	If Under Months	1 Year Deys		Ž4 Hrs. Min.	8. Date of Birt (Month, De) May 5,	v. Yeer)		place (State or Fore intry) yland
e Maryland Sa-f show	ctor	Usual Residence of Decedent 10a. State 10b. County Maryland Balt:	imore	10c. City	Cocke		11e						10d. Inside City Lim 1 ☐ Yes 2 💢
th with th	rai Director	10e. Street end Number 7 Warren Lodge	t 2-C		10f. Zip	Code				10g. Citizen of	Whet Cou	ntry?	
As bould be filed whin 72 hours efter death with the Maryland end Mental Hygiene. Is marked other than "naturel", or items 23s or 28s-f show aumatic event, the Medical Examinet was be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Marr 3 □ Widowed 4 ☒ Divorced	cadent Ever in U.S orces? 2 No ive Dates: 1945	If Yes, specify Cuban, Mexican, Puerto Rican, etc.)							ack, White,	can Indien, etc.	
be filed within 72 h fall Hygiene. d other than "natu	Completed	15. Deceden (Specify only higher Elementery/Secondary (0-12) 12	(1-4or 5+)	life. L	kind of wor OO NOT us	rk done se retire	during mos d)		intant		Business/Industry		
uid be file Mental Hyg rked othe	To Be C		17. Father's Neme (First, Middle, Last)					18. Mother's Name (First, Middle, Melden Surneme) ck Ella Leona Long					
ロニトラ		19a. Informant's Name/Relations Patrick S. McC								ral Route Number			^{code)} 21030 le, MD
Pages nent of ant: If it		20a. Method of Disposition 1 X Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S)		State	ace of Dispo metery, cren	sition (Nem netory or o	ne of ther pla	ice)		1996 Sept 14	20c. Location	- City or T	own, State
pemit. Depart imports any inje		21. Signettie M Funeral Service Bryan W. CI	ary	9	22 I.	Name and	d Addre	ess of Fecilit ineral	Hon				
		23a. Partt. Enter the disease, or shock, or heart failure. List	complications that only one cause on	caused the death	. Do not ente	or the mode	e of dyi	ng, such as	cardiac	or respiratory ar	rest,		Approximate

ettending physicien end for use es the burief-transit the death certificete be execu Division of Vital Records, P.O. Box 68760, ed by the e signed t

Physician

/Medical

Examiner

Physician/Medical by Completed Be 2 Certification:

Examiner

Immediate Ceuse (Final disease or condition resulting In death)

To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: Affer this certifica completely filled in by the funeral director, Medicai

State Registrar

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): besita Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. coronary bypasses 1990, ablation/pacing For CHT/CAF, noncompliance with oxygen, commade therapies Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 1 XNaturel

pronary

Due to (or as a consequenca of):

artery

1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy

23b. Dfd tobacco use contribute to the cause of death?

September 13, 1996

1 ☐ Yes 2 ☑ No 1 Yes 2 No 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☒ No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 💢 Residence 8 Other (Specify) 27. Manner of Deeth 28d. Describe how injury occurred 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ SuicIde 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, and due to the cause(s) and menner as stated.

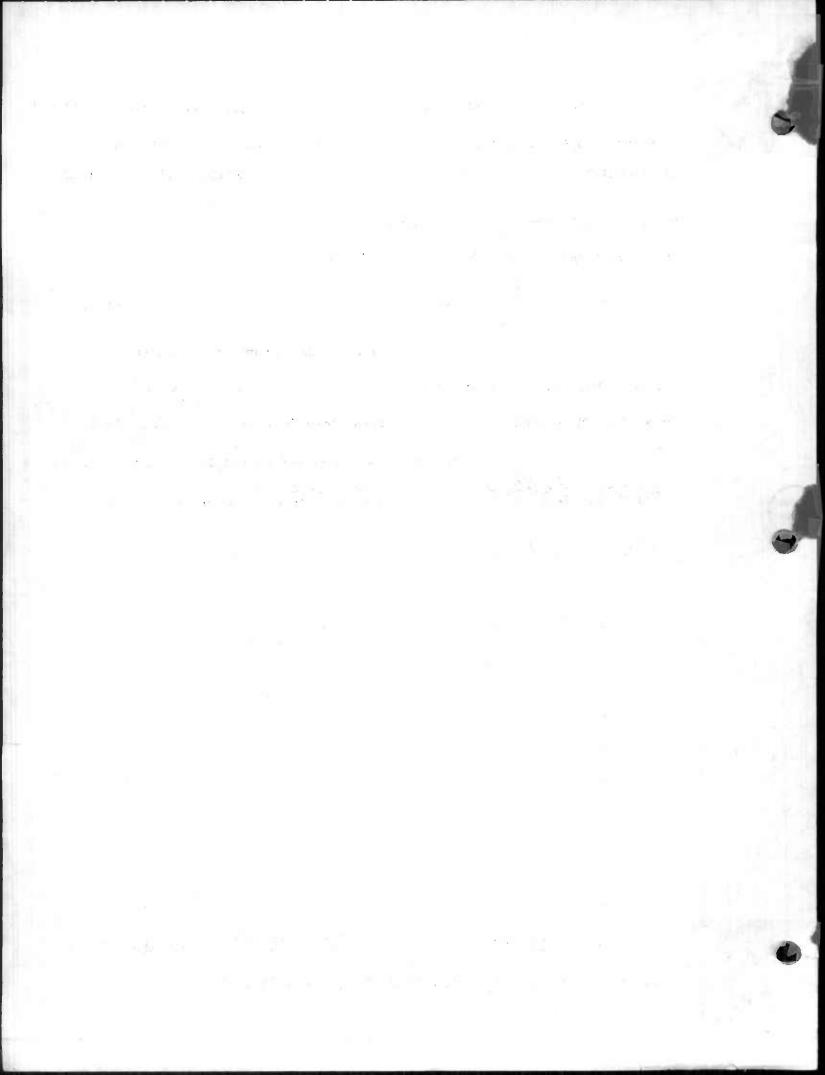
| Medical Examiner: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Theodore G. Houk, MD 7825 York Road, Towson, Maryland 21204

31. Dete filed (Month, Dey, Year) SEP

ø32. Registrar's Signature widson Randelle



State of Maryland / Department of Health and Mental Hydiene

repartment of nealth and ivide	entai Hygiene	91) (1	1	1
Cardificate of Double		D	· has		0	-
Certificate of Death	Reg No.					

Physician /Medical Examiner 1. Decedent's Neme (First, Middle, Last) CARL MILTON PETTERSON, SR. 2. Dete of Deeth Month SEPT.

3. Time of Deeth

4e. Fecility Neme (If not institution, give street end number) HOPKINS/BAYVIEW MEDICAL CENTER E.R.

55

1□M 2□F

4b. City, Town, or Location of Deeth BALTIMORE

12, 1996 0956 AM 4c. County of Deeth

Veer

N/A

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, in a Medical Examiner must be notified at 2008.

Physician /Medical

Examiner

94

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signed d be dat

Physician/Medical

à

Completed

Be

2

Certification:

Medical

The law requires that the death certificate be exec

Attending Physician:

or A

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d in by the

Funeral

Division of Vital Records, P.O. Box 68760,

altimore, Maryland 21215-0020

Usuel Residence of Decedent 10e Stete Md. Director

Funeral

þ

Completed

Be

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10b. County N/A 10c. City, Town or Location Baltimore

Yrs.

7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min.

 Birthplece (State or Foreign Country) Maryland

10d. Inside City Limits

5. Sociel Security Number

218 36 7151

809 South Curley Street

10f. Zip Code 21224

1 Yes 2 No 10g. Citizen of What Country?

10e. Street end Number

Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.)

USA

1 Never Merried 2 Married 3 ☐ Widowad 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes:

1 ☐ Yes 2 ☐ No Specify:

14. Raca - American Indian, Bieck, White, etc. White

15. Dacedent's Education (Specify only highest grade complated)

College (1-4or 5+)

16e. Decedent's Usuei Occupation (Give kind of work done during most of working lifa. DO NOT use ratired)

16b. Kind of Business/Industry

Elementary/Secondery (0-12) 10

Scheduler

Steel 18. Mothar's Nema (First, Middle, Meiden Surneme)

Ida Mae Hovt

17. Fether's Neme (First, Middle, Last) Eric Petterson

19a. informent's Nema/Raiationship (Type, Print) Patricia A. Petterson

9b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) 809 S.Curley St. Balto., Md. 21224

20e. Method of Disposition

1 X Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Pleca of Disposition (Neme of cemetery, cremetory or other piece) Oak Lawn Cemetery

Dete 20c. Location - City or Town, Stete 9-16-96 Eastwood, Md.

21. Signeture of Funerei Service Licenses

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.

22. Name end Address of Fecility Charles S. Zeiler & Son Inc. 901 S.Conkling St. Baltop, Md

Immediata Cause (Finel

Approximete intervel Batween Onsat and Death Hypertensive Arteriosclerotic Cardiovascular DiseasE

26. Piace of Deeth (Check only ona)

diseese or condition resulting in death)

Sequentially list conditione, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Dua to (or es e consaguance of)

Due to (or es a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2000

24e. Wes an eutopsy performed?

1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

INSPECTION

24b. Were eutopsy findings aveilable prior to completion of causa of death? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical Wes 2□ No

28e. Dete of Injury (Month, Dey Year) 5 Pending

Hospitel: 1 ☐ Inpatient 2XX PkR/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Dascribe how injury occurred

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

investigation

6 Could not be

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

27. Mannar of Daath

Waturel

2 Accident

3 Suicide

Certifying Phyeician: To the best of my knowledge, deeth occurred et tha time, dete end piece, end due to tha causa(s) and menner as steted.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, daeth occurred et the time, deta end piece, end due to the cause(s) end menner steted.

29b. Signeture end title of cartifier

29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) SEPT. 12, 1996

30. Neme end eddress of person who completed cause of death (item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 Radentz Stephen 5,

State Registrar

31. Dete filed (Month, Dey, Yeer) SEP 17 1996



rson

stterson

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. D. Melen

State of Maryland / Department of Health and Mental Hygiene 27526 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dey **Physician** Month Year CLEMENTINE /Medical SEPTEMBER 13 1996 8:00 AM 4e. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON
If Under 24 Hrs. BALTIMORE 5. Social Security Number If Under 1 Year 8. Date of Birth (Month, Day, Year) 11-18-1893 Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1□M 2 F Daya Hours Min. Yrs 214-40-4425 Director 102 CONNECTICUT Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location r 28a-f show show 10d. Inside City Limits 1 Yes 2 □ No Funeral Director MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? THE 23s OF 7 CHARLCOTE PLACE 21218 U.S.A. death items 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 MNo If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 11. Marital Status filed within 72 hours after 1 Never Married 2 Married 21215-0020 6 1 Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: WHITE "natural", Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry I Hygiane. Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE HOMEMAKER other 1 Baltimore, Maryland 17 Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Pages 1 and 2 should be nant of Haalth and Mantal int: If item 27 is marked or EDWIN H. LEWIS BERTHA HOFFMAN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RICHARD W. KIEFER 10° EAST BALTO. ST. SUITE 1601 BALTO., MD. 2120: other 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 6 1 ☐ Burlal 2 Cramation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) GREEN MOUNT CREMATORY 9/14/96 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HENRY W. JENKINS & SONS CO. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Batween Onset and Death **Physiclan** /Medical a. Gastro intestual Bleeding
Due to (or as a consaquence of): Immediate Cause (Final 24A G disease or condition resulting in death) Examiner JUDD ENAL VLCE the death certificate be executed Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying Ceuse (Diseasa or Injury that Initiated events resulting in death) Last Due to (or as a consequanca of) and Box 68760, attending physician Physician/Medicai Due to (or es a consequence of) P.O. | Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown HEART DHEASE The law requires that (CHEMIC Division of Vital Records, ģ Completed 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? cartificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physicism: 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: After 1 Natural 5 Pending daath. 1 ☐ Yas 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A complately filled in by the fo investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 15 Certifying Physician: To the best of my knowladge, death occurred at tha time, date and place, and due to the causa(s) and menner as stated.
2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar atated. edicai 29a. Certifian (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number 30. Name end address of person complated cause of death (Hem 23a) (Type, Print) Orlex drive balto, in 1 21204 BIABISON 7401 人京 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State

Superior Superior CHARLES TEAL OF 134 (43.1 the contract the second professional

State of Maryland / Department of Health and Mental Hygiene 96 27527

						Ce	rtificate of	Death		Reg. No.						
	Physic /Medi		1. Decedent's Name (First, Middle, Last)	m.	PAU	2			2. Date of De		Yaar 1996	3. Time of Death 6:35 Pm				
	Exami		4e. Facility Name (If not institution, give stre					4b. City, Town, o	or Location of Deat							
	100		HOSPICE OF BALTIMOR	E-GILCHE	RIST CE	NTEF	2		VSON	BA	LTIMO	RE				
	Funeral Director		5. Social Security Number 6. Sex 1 Number 1 Number 6. Sex 1 Number	2 V F 7. Ag	78	Vrs.	If Under 1 Yea Months Dey			5,1917	9. Birthr Cour MAF	piece (State or Foreign ntry) RYLAND				
	a-f show	ctor	10a. Stete 10b. County MARYLAND BALTIM	ORE	10c. City, To		ocation BALTIMOR	Ε			1	1				
	ath with the 23a or 28	rai Director	10e. Street and Number 6508 EDENVALE ROA	D			10f. Zip Code 21209	9		10g. Citizen of \	Whet Cour	ntry?				
020	72 hours efter death with the Maryland naturel', or items 23s or 28s-f show deal Examiner must be notified at	by Funeral	11. Maritel Status 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	Was Decedent : Armed Forces? 1 Yes 2 1 1 If Yes, Give Year or Dates:			Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 💢 No	ban, Mexican, Pu	(Specify Yes or No arto Rican, etc.)		ck, White,					
21215-0020	9 1 9	Completed	15. Decedent's Educat (Specify only highest grade of	on om <i>pleted)</i> College (1-4or 5		(Give	dent's Usual Occi kind of work don DO NOT use retir	e during most of w	vorking	16b. Kind of B	usiness/In	dustry				
	D D L	Con	12			HOS	STESS			CITY OF		IMORE				
Maryland	S S S	To Be	17. Father's Nama (First, Middle, Last) SIMON		M	IALK]	ĽΝ		ame (First, Middle,		unkno	NWC				
	2 sh end is m		19a. Informant's Name/Relationship (Type, MR. ELI PAUL (HUS)		1				Rural Route Numb BALTIMOR			Code)				
Baitimore,			20a. Method of Disposition 1 → Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	ceme	tery, cre		*	Dete 9-12-199	20c. Location -						
. pair	permit. Page: Department of Important: If i any injury or once.		21. Signature of Funeral Service Licensee	Signature of Funeral Service Licensee 22. Nama end Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208												
ı	Physician		23a. Part1. Entar tha disaasa, or complicat shock, or heart failure. List only one of	ions that causad euse on each lir	I tha death. D						e, ML	Approximeta Interval Between Onset and Death				
)	/Medical Examiner		Immediata Cause (Finat disease or condition resulting in death) a	hys	o xic	<u> </u>	Drain	inju	ry		1	10 days				
	uted d ensit	Examiner	b. —				quence of):				i	10 days				
x 68/60,	eath certificete be executed attending physician end for use es the buriel-trensit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Chi	Due to (or es		obstru	octive i	Lung d	isease		Years				
.C. 50	that the death cer ed by the attendin detached for use	Physician	Part tt. Other significant conditions contrib	uting to death bu	ut not resuiting	in the u	nderlying cause g	iven in Part I.	23b. Did	tobacco uee co	ntribute to	the cause of death?				
	es that the	by	Congestive	Hens	+ F	ail	ure		1 🗆	Yes 2□ No	3 Prof	bably 4 Unknown				
necolus,	The law requires that the death ate hes been signed by the atter page 2 should be detached for or	Completed	Hyperten	sion					24a. Was perfo	an autopsy med?	av	are eutopsy findings ailable prior to mpletion of cause death?				
									10	res 2 No	1 0	Yes 2□ No				
Alla	ysician: The s certificate director, par	Be	25. Wes case referred to medical examiner?	oital:			0	ther	eath (Check only o			7)				
DIVISION OF	Jing Ph h. After thi funeral	tion: To	1 165 213(10	1 ☐ Inpatie 8a. Date of Injur (Month, Day	y 28b	Outpatier Time of Injury	f 28c. Inje	4 □ Nursing	Home 5 Resid	dence 6 Oth	er (Specifi ed	n) Hospice				
		Certification:	2 Could not be	the Plece of Injurbuilding, etc.	Iry - At home, (Specify)	farm, str	eet, factory, office		28f. Location (S City or Tox	Street and Numb vn, State)	er or Rura	I Route Number,				
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai	29a. Certifier (Check only one) 1 Certifying Phyeicle 2 Medical Examiner:	on: To the best of On the basis of and mannar sta	axamination a	ge, death	n occurred at the t vastigation, in my	ime, date and ptac opinion, daath oc	ca, and due to the curred at tha tima,	cause(s) and ma data and piace, o	nnar as si end dua to	ated. the cause(s)				
	To the Within To the Comp	M	29b. Signatura and title of pertifier	ylile	41. W	0	42	se number	-	Sept.		July and the				
	10		30. Nama and address of person who com	GR	ann (Itam 23a) (Type,	Print) 6701	N. C	harles.	Street	e	1996 Balto. md				

Registrar

31. Date filed (Month, Day, Year) SEP 1 7 1996 State

21204

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

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	1	U	6	-	U		V

						Cei	tificat	e of	Death			Reg. No.				
	12.31		1. Decedent'a Neme (First, Middle, L	ast)							2. Dete of Dec		well.	3. Time is	Deeth	
	Physic		BETTY A.		PUO	GH					Month SEPTEME	BER 13.	1996	8:30	P.M.	
	/Medi Examii		4e. Facility Neme (If not Institution, g	ive street end number)					4b. City, To	own, or L	ocation of Deeth					
1	- Adding		THE JOHNS HOPKINS HOSPITAL BALTIMORE CI										N/A			
Н	Funeral				e (In yrs. lest	birthday)	If Undar	1 Year	If Undar	24 Hrs.	8. Date of Birt	h		plece (Stete o	or Foreign	
	Director		217-56-6704 Usuel Residence of Decedent	1□M 2 X F	43	Yrs.	Months	Deys	Hours	Min.	Dec.	16,1952	Mari	gland		
	Manual Ma		10e. Stete 10b. County		10c. City, To	own or Lo	cation						1	10d. Inside Cl	Ity Limits	
	the Man 28a-f sh sotified	Director	Maryland Ho	rford			104 7:-		ire D	e Gri		10. 00.			2 X No	
	urs after death with the Maryland alf, or Herns 23s or 28s-f show Examiner must be notified at	ral Dir	564 Congress Av	enue			10f. Zip	Coda	21	078		10g. Citizen of United				
		Funeral	11. Meritel Stetus	12. Was Decedant Armed Forces?	Ever In U,S.	13. \	Was Deced	dant of 1 cify Cub	lispanic Or an, Maxica	igin? (Sp	ecify Yas or No- Rican, etc.)	14. Red Bia	ce - Americ ck, White,	can Indian, etc.		
21215-0020	hours after tural', or its at Examine	by	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐(Divorcad	1 Yes 2 N If Yes, Give Yeer or Detes:	No		I □ Yas	2 1 0 No	Specify:	:		Specif		White		
5		Completed	15. Decedent's l	Education rada completed)	16	Se. Deced	lent's Usua	ai Occup	eation during mos d)	st of work	cina	18b. Kind of B	usiness/in	dustry		
21	within 72 ene. than "nat	idu	Elementery/Secondary (0-12)	College (1-4or 5)+)						9					
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Maryland	alfh and 27 is m		19e. Informent's Neme/Reletionship Judith Zimnawoda				_				old, Ma		2101			
e le	of To		20a. Method of Disposition		20b. Plece	of Dispo	sition (Nar	ne of	cel	}	Data	20c. Location	- City or To	own, Stete		
altimore	Pag ment ant: II		4 □ Donetion 5 □ Othar (Spec	ify)		-	-			/16/	1996	Glen	Burni	ie, MD		
Bal	Departi Importu any inj 2058		#CXBurial 2 Cremation 3 Ramovel from Stata 4 Donetion 5 Other (Specify) Clen Haven Cemetery 9/16/1996 Clen Burnie, MD 21. Signature of Service Licensee 22. Neme and Address of Fecility Dudge Punch Function of Dundally The													
7	-		23a, Part1. Enter the disease, or co	pications that caused	the death D	o not ent	922 U	vise	AUR	Du	ndalk	MD 212		Approximat	le .	
	Physician		23a. Part 1. Enter the dipotent or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
	/Medical	immediete Cause (Finel disease or condition resulting in deeth) Encephalopathy Due to (or es a consequence of):													215	
н	Examiner															
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	cate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate		Due to (or as	a conseq	uence of):	0						1 mon		
68760,	siciar buri		Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or injury that initiated events	G	trovi			tec	tion					3 yea	213	
x 68	entificate be executed Jing physician and te es the buriel-transit	Medical	that initiated events resulting in death) Lest Dua to (or es e consequence of):													
Boy		Physician/		d.												
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	signed b	by Pi	Preumocystis	Carmil	Theu	Mon	٩,	HS	pira	tion	10	Yes 2 No	3 Pro	bebly 4 X	Unknown	
of Vital Records,	law requires thet the death c ies been signed by the attenc s 2 should be detached for us	Completed	pneumonia								24a. Wes perfo	en eutopsy med?	24b. W	ere autopsy f ralleble prior t empletion of c	lindings to cause	
Rec	0 - 5	jdwe											of	death?		
a	Iclan: The certificate rector, pag		25. Was case referred to medical		<u></u>						1)(1)		11	☐ Yes 2	No	
5	Physician: this certific ral director,	o Be	examiner?	Hospitel:	· • □ □ □ □			Oti	or:		th (Check only o					
of	를 를 들	-	27. Menner of Deeth	1 1 Inpatie		Outpatien Time of)A	411111		ome 5 Resid			у)		
Division	Attending Price death. Ctor: After by the funer	Certification:	1 Naturai 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	Year)	Injury	М	28c. inju Wo 1 □	rk?` Yes 2□		200. 20001100 1	iow injury occur	100			
Divi	or Attendation of Director:	ertific	3 Sulcide 6 Could not determined		ury - At home, c. (Specify)	ferm, str	eet, fectory	y, office			281. Location (S City or Tox		per or Rura	il Route Num	iber,	
Ī	Hospita 4 hours Funeral tely filled	edicai C	29e. Certifilar (Check only one) Certifying P Certifying P Certifying P	hysician: To the best of miner: On the basis of end menner ste	examination a	ige, death and/or inv	occurred restigetion	at the ti	me, date en opinion, dec	nd placa, oth occur	and due to the cred at tha time,	cause(s) and medate and pieca,	anner as s and due to	tated. o the cause(s	5)	
	within 2 To the comple	Me	29b. Signature and title of certifier				290	. Licans	a number			29d. Data signe	d (Month,	Day, Year)		
	//		81An.	MD				7	1828	3		Septem			6	
	7		30. Neme and address of person who	completed cause of de	eeth (item 23a	a) (Type, I	Print)					2011.0004				
	Sta	te	31. Date filed (Month, Day, Year)	Jung, M. D. 32, Registra	re Signature			PKIV	ns He	ospl	141					
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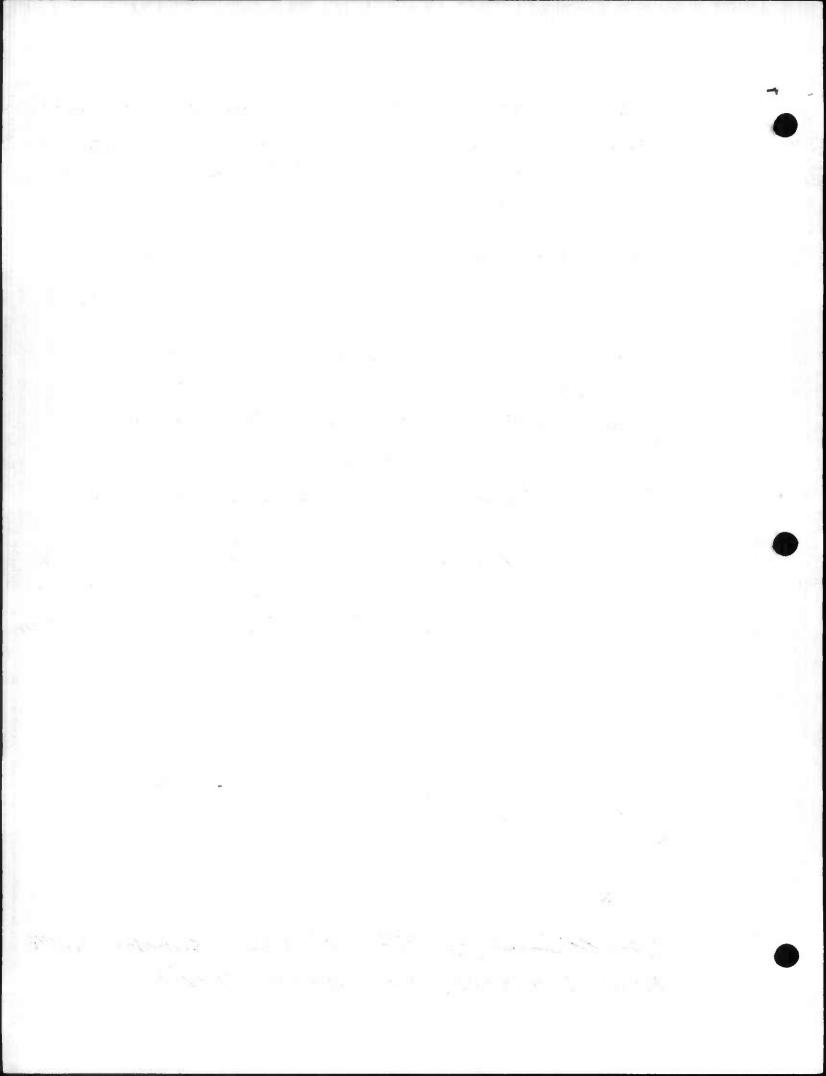
				Certifica	ate of Death	Re	g. No.	C	104.				
hysisian		1. Decedant's Name (First, Middla, La	st)			2. Deta of Deeth Month		Year 3. T	ima of Death				
iysician Medical	_	PATSI	1 Kobin	Son		Septembe		1996 1	P.				
aminer		la. Facility Nama (If not institution, giv	e street and number)	1.0	4b. City, Town, or	r Location of Death	4c. County	of Death	/				
		LIBERTY M	EDICAL CO	nrec	DAIY	GNORE	/	12					
eral ctor	0	21132-8117	Sex 2 Aga (In yrs.	Yrs. If Un	der 1 Year If Undar 24 Hr ns Days Hours Mir		1934	9. Birthplace (S	State or Fore				
***	- 1-	Usual Rasidance of Dacedant 10a. Stata 10b. County	/ 10c. Cit	ty, Town or Location		,		10d Ins	ida City Lim				
De lo	5 /	mulan NI	A F	altinor	6				1765 2 1				
5	5	10e. Street and Number	والا	HOOR 101.	Zip Code	10	g. Citizen of W	/hat Country?					
al Dic	2	3017 W. NOR	H HUELUE		21216		15	17					
To Be Completed by Funeral Director		11. Meritel Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedant Ever in U Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Giva Year or Detas:		cedant of Hispanic Origin? (pecify Cuban, Maxican, Pue	Specify Yes or No- irto Rican, etc.)		- American Indik, Whita, etc.	lan,				
8	5	15. Decedant's Ed	ducation	16a. Decedent's U	sual Occupation	1	6b. Kind of Bu	sinass/Industry					
Completed	2	(Specify only highest gra	da complated) College (1-4or 5+)	(Giva kind of life. DO NO	work dona during most of wi	orking							
E	5	11th auroE	College (1-401 5+)	HOUSE	wite	(Jun 1	Home					
Be (17. Fathar's Name (First, Middle, Last)	Maidan Sumeme) THOCNTON										
0		TAMES G. K	ppINSin		KOSA	188 1	HOEK	1100					
		19a, Informant's Name/Ralationship (-	ass (Street and Number or F	Rural Bouta Number,	City or Town,	Stata, Zip Code)					
¥ /	4	ENOBIA BRO	ADNAX, SISTER	000/	SCOHS LEVEL	KAD B	olhan	E, Hd 5	1120				
to a	1	20e. Mathod of Disposition 1 Burial 2 Crametion 3 C	Ramovei from Stete 1/0	Place of Disposition (I comatary, cramatory of	Nama of prothar place)	9-21-962	Oc. Location -	City or Town, St	ata A				
any injury	4 Donation 5 Other (Specify)												
any		21. Signature of Funeral Service Licensee 22. Name and Address of Facility CHATMAN - WALLISTONES CORRECTIONS FOR STANDARD											
	+	23a. Party. Entar the diseasa, or com shock, or heart failura. List only		BAH.	NILE MAK		212-1		oximata				
as the bunal-transit	FYBILLIE												
. 13		that intitleted evants resulting in death) Last											
etached for use	5	Part II. Other significant conditions o	ontributing to death but not ree	ulting in the underlyin	g cauca given la Part I	22h Did toh	acco liee con	tribute to the ca	nues of dea				
should be detached for use leted by Physician/		arti. Otto alginioant conditions o	online and to death out not les	g causa givan in Fatt i.			3 Probably	4 ☑ Unkn					
be de					1 Yee 2 No 3 Probably 4			7/2 0111411					
paid pa						24a. Wes an	autopsy	24b. Wara aut avallabla	opsy finding				
page 2 should						. periorn	607	completic of death?	on of cause				
omp	5					1 □ Yas	2 1 No	1 □ Yes	2 1 No				
Be C		25. Was case referred to medical			26. Place of De	eath (Check only ona			TETTES ZUNO				
To El		examiner? 1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpatient 2 ☑	ER/Outpatient 3	Other	Home 5 ☐ Resider		ar (Specify)					
neral		27. Mannar of Death	28a. Deta of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injury et Work?	28d. Dascribe hov							
led in by the funera Certification:		1 Neturel 5 Pending invastigation	1	М	1 ☐ Yas 2 ☐ No								
tific by t		3 Suicida 6 Could not be 4 Homicide determinad	28a. Plece of Injury - At he building, etc. (Specif	oma, ferm, streat, fact y)	tory, office	28f. Location (Stre City or Town,	eet and Numbe State)	er or Rural Route	a Number,				
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completely filled in Medical Cer		(Uneck only 2 Medical Exam	ninar: On the basis of axamina and manner steted.		29c. Licensa number			Month, Day, Y	ear)				
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State of Maryland / Department of Health and Mental Hygiene 96 27530

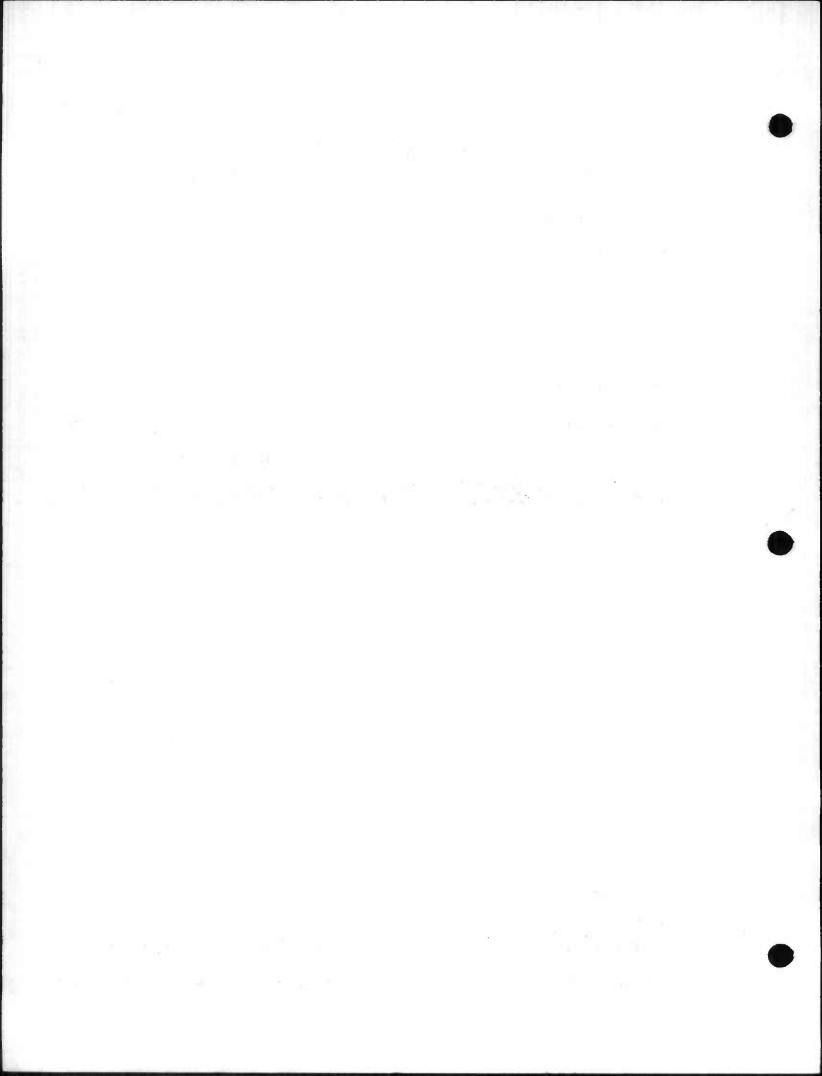
						Certific	cate d	of Death		Reg. No.		
*	Physic	ion	1. Decedent's Name (First, Middle, Las	st)					2. Dete of De Month	Day Ye	ar	3. Time of Deeth
/Medic			AUDREY	EVANS		ROBERTS			SEPTEM	BER 12, 19	96	6:50 A
	Exami	ner	4e. Facility Neme (If not institution, give		1			4b. City, Town, or		4c. County of D	eeth	
L			THE JOHNS HOPKINS 5. Sociel Security Number 6. S		na (In um le	not birth double [f.]	Inder 1 Y	BALTIMORE eer If Under 24 Hrs		45	No	(2)
	Funeral Director		212-83-3360	M 2∏F /. A	36	iot birtiroly)		eys Hours Min	8. Dete of Bir Month, Da	16, 1960 °.	WARY WARY	E (State or Foreig
	/land		Usuei Residence of Decedent 10e. State 10b. County		10c. City	Town or Location)				10d	. Inside City Limits
	Man	tor	MD n/a		В	ALTIMORE						YYes 2 No
	or 28	Director	10e. Street and Number			10	f. Zip Coo			10g. Citizen of What		
	th wil	Je.	3176 RAVENWOO	D AVENUE				21213		UNITED	STAT	TES
5-0020	72 hours efter death with the Maryland hastural, or items 23a or 28a-f show officel Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 20 If Yes, Give Yeer or Detes:	Ever in U,S No		ecedent specify (es 2 Ly	of Hispenic Origin? (S Cuban, Mexican, Puer No Specify:	Specify Yes or No to Rican, etc.)	14. Race - A Bleck, V Specify:		
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	buld be filed within Mental Hygiene. arked other than aftic svent, the West	S	11 th			HOMEM	AKER				hon	ne
and	at a be be be be be be be be be be be be be	Be	17. Father's Neme (First, Middle, Last)							, Meiden Sumeme)		
Maryland	should be filed within and Mental Hygiene. marked other than matic svent, tre M	10	I SAAC NEAL	5 D-i-4)		405 34-11 4.4	1 (0)		ROSE L.	STEWART		
Ma	1 and 2 should be filed within Health and Mental Hygiene. Imm 27 is marked other than other traumatic svent, the Mental traumatic structs.		19e. Informent's Neme/Reletionship (7	OBERTS		3176 R	RAVEN	reet and Number or R WOOD AVE	ENUE, BA	LTIMORE, MI	2.	1213
e.c	T T T T T T T T T T T T T T T T T T T		20e. Method of Disposition			ece of Disposition metery, cremetory	(Neme o	f niece)	Dete	20c. Location - City	or Town	n, Stete
Ĕ	Page Internation		1 ☑ Surial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif)			TIMORE C			17	BALTIMOR	RE, MI	D
a	Departs Imports any trip		21. Signature of Funeral Service Licen	100				dress of Fecility				
P	18118		V/m H					MARCHFH			VENU	JE
	Physician /Medical Examiner		23a Part1. Enter the disease, or com- shock, or heart failure. List offly Immediate Cause (Final disease or condition								0	pproximate iterval Between inset and Death
	- Aminin	ě	resulting in death)		Due to (or	es e consequence	a of):	eumon System L Pectic			1	days weeks nknow.
	uted	Examiner		b. Cen	ma/	Nerva	15 >	ystem L	-ympho.	ma	-7	weeks
oʻ	death certificate be executed e attending physician end of for use as the burtal-transit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Day	Due 10 (01	es a consequence	9 (1):	Dontin			111	a kaa
68760,	ysicia ye bur	cai	that initiolog events	c. Ker	Due to (or	es e consequence	of):	recrio	1		V	nnnow
	ng ph	Medical	resulting in deeth) Last				.,.				i	
Box	attendir	an		d							1	
	the at	Physician/	Pert II. Other significant conditions co	entributing to death b	ut not resul	ting In the underly	ing cause	given in Pert I.	23b. Dld	tobacco use contrib	uts to th	ne cause of death
, P.O	law requires that the deless been signed by the.								10	Yes 2 No 3	Probab	oly 4 Unknow
of Vital Records,	uires ng sign	d by							24a. Was	an autopsy 24	lb. Were	autopsy findings
8	w requir	lete							perfo	ormed?	comp of de	able prior to eletion of cause
R	0 - 0	Completed							10	Yes 2 No	1 🗆 Y	
ta	vician: The	BeC	25. Wes case referred to medical					28. Piece of De	eth (Check only o			20 20 140
\	5 00 00	TOE	examiner? 1 ☐ Yes 2 KNo	Hospitel:	ent 2 🗆 E	R/Outpatient 3	DOA	Other		dence 6 Other (S	Specify)	
0	ding Ph h. After th funeral		27. Menner of Death 1 Neturel 5 □ Pending	28e. Dete of Inju (Month, Da		28b. Time of Injury	28c.	njury at Work?		how injury occurred		
<u>io</u>		atic	2 Accident investigation		, , , , , ,	М		1 Yes 2 No				
Division	는 전투 은	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)								
	Hospital or At 24 hours after of Funeral Direct stely filled in by	edicai C	29e. Certifier (Check only one)	veiclan: To the best iner: On the basis o and menner st	f examinetic	ledge, death occu on end/or investige	rred et th	e time, dete and plece ny opinion, deeth occu	a, end due to the urred at the time,	cause(s) end manne date end plece, and	r as state due to th	ed. a cause(s)
	(E)	5	29b. Signeture and title of certifier 30. Name and address of person who come and address of person who come are address of	ale	5	20	29c. Lic	ense number N252	0	29d. Dete signed (M Septembe	onth, Da	y, Year) 2, 1996
1		"	30. Neme end eddress of person who o	completed cause of o	leeth (Item	23a) (Type, Print)		64 / 1				
-	7		Keith Du	in/eau	y,	John	5 1	topkin.	5 1409	pifal		

Registrar

State



			State of Maryland / Department of Heal Certificate of Deal	ath	giene 96 Reg. No.	2/531						
	hysici /Medio		ANNIE CARRIE RIDEI	2. Date of Dea Month SEPT	th Dey Year 13 1996	3. Time of Death						
Fu	Examir uneral rector		4a. Fecility Neme (If not institution, give street and number) 4b. Cit JOHN HOPKINS-BAYVIEW MEDICAL CENTER BAI 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under 1 Year	ity, Town, or Location of Deeth LTIMORE CITY	coation of Deeth 4c. County of Deeth E CITY BALTIMORE CITY 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or Foreign Country)							
farylend	r 28a-f show	or	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits 1, Yes 2 □ No						
with the N	23a or 28a-f	Directo	MD BALTIMORE CITY BALTIMORE CITY 10e. Street end Number 10f. Zip Code 21229		10g. Citizen of What Co	X untry?						
ler dee	or items aminar.m	by Funeral Director	11. Meritel Stetus 12. Wes Decedent Ever in U.S. Armed Forces? 1 Never Merried 2 Married 1 Yes, Give 1 3 Widowed 4 Divorced 1 Ves Civ Detes: 1 Yes 2 No Spirite Armed Forces (1) Yes, Sp	nic Origin? (Specify Yes or No- exicen, Puerto Rican, etc.)	Bleck, White	rican fndien,						
2121 within iene.	then "natur	Completed	15. Decedent's Educetion (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) DOMESTIC	g most of working	16b. Kind of Business/i	ndustry						
Maryland of tiled should be filed lith and Mental Hyg	irked other	To Be C	17. Fether's Neme (First, Middle, Last)	Mother's Name (First, Middle, ADLINE RICH		. Pi						
re, Mar s 1 end 2 sho f Health and	permit, rages i end sincular be med Department of Health and Mental Hyg Important: If Item 27 is marked other eny injury or other treumatic event, once.		19e. Informent's Neme/Relationship (Type, Print) ELOISE COBB / DAUGHTER 20e. Method of Disposition 19b. Melling Address (Street and No. 18) 825 LYNHURST 20b. Place of Disposition (Name of	STREET, BAL		1229						
Baltimore,	Important: If any injury or once.		1 M Buriel 2 Cremetion 3 Removel from Stete 4 Donetton 5 Other (Specify) WOODLAWN CEMETERY 09/18/96 BALTIMORE 21. Signature of Furieral Service Licensee 22. Name end Address of Fecility CALVIN L. WILLIAMS FUNERAL SERVICE CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL SERVICE CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. WILLIAMS FUNERAL CALVIN L. W									
	200		23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dyling, such shock, or heart fellure. List only one cause on each line.	TON PASS, B	ALTO., MI	Approximete Intervel Between						
/Me	ician dical niner		Immediate Cause (Final disease or condition resulting In death) e. CENAL FAILURE			Onset end Deeth 5 years						
	physician end s the buriel-transit	edical Examiner	Due to (or es e consequence of): Couse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of):			10 years						
. Box	e attending p od for use as	Physician/Me	d Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in	Part 23h Did t	bbacco use contribute	to the cause of cleath?						
P.O	igned by the be detached	by Phys		1 7		obably 4 Unknown						
Record lew requir	hes been s je 2 should	Completed		24e. Wes e	med?	Vere autopsy findings vallable prior to completion of cause of death?						
of Vital	s centricate director, pag	Be	25. Wes case referred to medical examiner?	1 ☐ Y	ne)	Yes 2 No						
n of	Aner mis funeral di	Certification: To	To impatient 2 to 2 Noutpetient 3 D DOA 4	Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 2 No								
DIVISIO To the Hospital or Attendit within 24 hours after death.	5 5			City or Town								
the Ho	completaly filled	Medical	(Chart only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion end menner stated.	n, deeth occurred at the time, d	lete end piece, and due	to the ceuse(s)						
¥ <u>₹</u> ≒	± 8		Mull MD D381	675	9/14/9	(<u> </u>						
	P			ER 9T BA	LT MD	21230						
B	Sta legistra		31. Dete filed (Month, Dey, Year) 32 Registrate Signeture SFP 17 1006									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEM: 16a, PER F'.H. FILM G-739

State of Manyland / Department of Health and Mental Hygiene

9/17/96 t.t

State of Maryland / Department of Health and Mental Hygiene 96 27532

						Cer	tificate of	f Death		Reg. No).			
1	Dhunia		1. Decedent's Name (First, Middle, L	ast)					2. Date of Death 3. Time of Dea					
Physician /Medical			HERMAN	I.		SIFF			Month SEPTEN		12,1996	9:27am		
	Exami		4a. Facility Name (If not institution, gr	ve street and numb	per)			4b. City, Town, or	-		. County of Death	Jestan		
			1 STOCKMILL ROAD	, APT. H				BALT	IMORE		BALTIM	ORE		
	Funeral	П			Aga (In yrs. las	st birthday)	If Undar 1 Year Months Days			irth	9. Birth	place (State or Foreign		
100	Director		213-03-2416	1 M 2 □ F	85	Yrs.	WORKINS Day.	s Hours Will	FEBRUA	ARY 1	,1911 MA	RYLAND		
	p ,		Usuel Residence of Decedent 10a. State 10b. County		10.07	_								
	with the Maryland is or 28a-f show	Funeral Director	MARYLAND 10b. County	BALTIMORE		BALT	EMORE	604				10d. Inside City Limits 1 ☐ Yas 2 📉 No		
	th the	Oire	10e. Street and Number				10f. Zip Code			tizan of What Cou	ntry?			
	5 8 3	6	1 STOCKMILL ROAD	, APT. H			21	.208			USA			
	ter death Items 23 Iner mus	Jue	11. Marital Status	12. Was Dacede Armed Force	ent Ever in U,S. es?	13. V	Vas Decedant of Yes, specify Cu	Hispanic Orlgin? (S ban, Maxican, Puer	Specify Yes or N	lo-	14. Race - Americ Black, White,			
5-0020	9 9	by	1 ☐ Never Married 2 🕅 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑No If Yes, Give 1 ☐ Yes 2 ☑No Specify: Year or Dates:							Specify:	WHITE		
5	72 hours	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)			ent's Usual Occi		nrkina	16b. K	(Ind of Business/In	dustry		
2121	d within piene. r than	nple	Elementary/Secondary (0-12)	College (1-4	or 5+)	LINOTY	NOT use retir	ed)	ткиц					
	Hygier Hygier ther th	Co		2		LINE	O TYPE	OPERATOR				LTIMORE SUN		
Maryland	9 E 6 9	To Be	17. Father's Neme (First, Middle, Las SIMON	")		SIFF 18. Moth			me (First, Middle LENA	le, Maiden	e, Maiden Surname) LEVIN			
ary	2 should be end Mente emerked eumetic ev	-	19e. Informant's Name/Relationship	(Type, Print)			g Address (Stree	et and Number or R	ural Route Num	ber, City	or Town, Stete, Zic	Code)		
	25章		MRS. EVELYN SIFF	(WIFE)			_		APT. H BALTIMORE, MD 21208					
more,			20a. Method of Disposition		COR	ce of Dispos	sition (Neme of atory or other pi		Date	1	ocation - City or To			
Ě	Pege ient o nt: If i	1	1 Burlal 2 □ Cremetion 3 [4 □ Donation 5 □ Other (Speci		ate				TSDAFT	0_13	_1006_ B	ALTIMORE,		
	- 등등를		21. Signature of Funeral Service Lice	- 0	-		Name and Add	ress of Facility				ALITICKE, I		
Po	Depa Impo any Ir		thelian	· Su	nan	0 00		Levinson						
-			23e. Part1. Enter the disease, or con	polications that caus	sed the death.			terstown			ille, MD	21208 Approximate		
A.	Physician		23e. Part1. Enter the disease, or conshock, or heart failure. List only	one cause on eec	h line.				o on toop and only	4.1001,		Intarval Batween Onset end Death		
×	/Medical		immediate Cause (Final	Co	lon	CAL	1100					DINAMAA		
1	Examiner	н	diseasa or condition resulting in death)	a	UVVI	w	i le				i ·	2 years		
L	4 1 3	ē			Due to (or a	is a consequ	Jenca of):					0		
	icate be executed physician and s the burlel-transit	Examiner	Sequentially list conditions	Due to (or as a consequence of):										
0	exec an an riel-tr	EX	Sequantially list conditions, if any, leeding to Immediate causa. Enter Undarlying Cause (Disease or Injury	-so is for an an animododifor oil.										
68760,	certificate be ding physicia se as the bu	Medical	triat mitiated events	C	Due to (or a	ue to (or as a consequenca of):								
	certifica Iding ph Ise as th	Ped	resulting In death) Last											
XO				d										
B.	the etter	sicis	Pert II. Other eignificant conditions	contributing to death	23b. Dio	tobacco	use contribute to	o the cause of death?						
P.0	\$ 50 E	Physician	DCC VCD	, read and well caple						1 Yee 2 No 3 Probably 4 Unknow				
	es tha	by	NJUVD,											
of Vital Records,	- w -								24a. Wa	s an auto	psy 24b. W	ere autopsy findings aliabla prior to		
900	~ JU (f)	plet							pen	ionnear	/ 00	mpletion of cause death?		
æ	0 - 6	Completed							10	Yes 2	4/	Yes 2010		
ta	dclan: The certificate rector, pag	BeC	25. Wes case refarrad to medical					26. Place of De		1	4110			
>	Physician: this certific ral director,	To B	examiner? 1 Yes 2 No	Hospital:	atient 2□FF	VOutpatient	3□ DOA O	ther:	/		8 Other (Specif	64)		
			27. Manner of Death	28a. Date of I		3b. Time of	28c. Inju		28d. Dascribe			77		
io	ath. r: After e funer	atio	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation		Day rear)	Injury		onk? ∐Yes 2 □ No						
Division or Attending	or Attendi aftar death Director: A I in by the f	100	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of	Injury - At home	e, farm, stre	at, factory, offica		28f. Location	28f. Location (Street and Number or Rural Route Number,				
Ö	al or A s aftar if Direct	Certification:	4 Homicide	building,	etc. (Specify)				City or 10	own, State	9)			
To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	Hospit 24 hour Funeral Ietaly fille	edical (29a. Certifier (Check only one) 1 Certifying Pt	nyelclan: To the bearinger: On the basis	of examinetion	odge, death n and/or inve	occurred at the testigation, in my	ime, dete end place opinion, death occu	a, and due to the urred at the time	cause(s) , date and) and manner es sid place, and due to	tated. o the cause(s)		
	To the within 2 To the comple	Me	29b. Signatus read title of certifier	(1). 0	0		29c. Licen	ise number	2	29d. Da	te signed (Month,	Dey, Year)		
			VXVX Th	VIIII	-A	2	122	4 888		(20	1/12/0	/		
	in		30. Neme and address of person who	completed cause p	f death (Item 2)	3a) (Type, P	(rint)	111	, 1	H	11-17	D		
	10		Allen ME	edma	is M.	0	7000	0140	out	430	16 Ba	to 2/208		
	Sta Registr		31. Date filed (Month, Day, Year)	Regi	strar's Signatur	8 11								
	Registr	ul	SEP1 7 199	10 June	O NEW YORK - F	WALL OF								

DHMH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Dete of Deeth 3. Time f th Month 1340 F SEPTEMBER 6 1996

ocation of Death 4c. County of Death SAVINI 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 8 - 8 - 28 9. Birthpieca (Stata or Foreign 7. Aga (In yrs. last birthday) Deys Hours 1□M 2/□F MARYLAND 220-20-2368 68 Yrs. Usual Rasidence of Decedent 10h County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No BALTO. ROSEDALE 10f. Zip Code 10a. Citizen of What Country? 5415 DAYWALT AVENUE 21206 USA 12. Was Decedent Ever in U,S Armed Forcas? Wes Dacedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 Yes 2 No
If Yes, Giva
Yeer or Detes: 1 Never Merried 2 Merried 1 ☐ Yes 2 ☒ No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 8 Elementary/Secondery (0-12) College (1-4or 5+) HOMAKER OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) STANTON MARY PARYNIS 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) MR. CHARLES J. SAVINI 5415 DAYWALT AVENUE BALTO. MD. 21206 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) OAKLAWN CEMETERY 9-10 BALTO, CITY MD. Signature of Funerel Service Ligens 22. Nama and Addrass of Fecility KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 23a. Pert1. Enter the disease, or com shock, or heart feilure. List only plicated the caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, one chase on each line. Approximeta Intarval Between Onset and Death neumonio Dua to (or es a consequence of): evere monar 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? 2 2 No 1 Yes 2 No 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 2 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Johns Hopkins Hospital

1). Wife St. Balto.mo. 21287

physician and the buriel-transit Records, P.O. Box 68760, Physician/Medical ed by the a signed by t should I Completed certificate hes Division of Vital I or Attending Physician; after death. Director: After this certific funeral Certification:

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31. Deta filed (Month, Dey, Year)

171996

Physician /Medical

Examiner

Physician

/Medicai

Examiner

Funeral Director

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2

Funeral

Director

r 28a-f s

7 is marked other than "natural", or flems 23s or insumatic event, the Medical Examiner must be not

permit. Pages 1 and 2 should be filed within 72 hours after does popartment of Health and Mental Hygiene. Important: If flem 27 is mented other than any injury or other traument.

T

5. Social Security Number

MARYLAND

EDWARD

20e. Mathod of Disposition

Immediate Cause (Fine)

disaese or condition resulting in death)

10e. Street and Number

10a State

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Deeth 1. Neturel 5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 ☐ Homloide 150 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as stated.
2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner stated. 29e. Certifian 29b, Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

Tacobson

MD

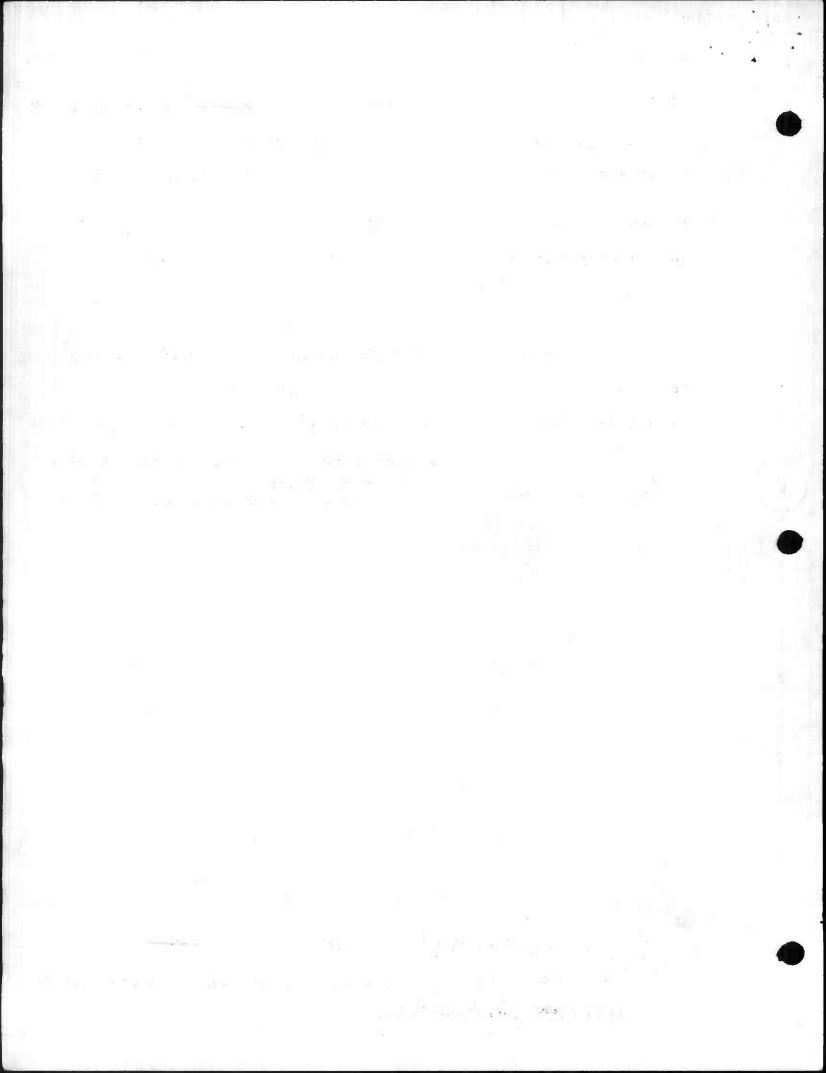
600

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

To the Hospital or within 24 hours aft To the Funeral Di completely filled in

DHMH 16 Rev 6/95



ML State of Maryland / Department of Health and Mental Hygiene 27535 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth **Physician** Month Yaar TROY 1996 SEPT. 15 SMITH 1:20 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SHOCK TRAUMA CENTER BALTIMORE If Undar 1 Yaar Months Deys If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Birthplaca (Stata or Foreign Country) 25 Yrs. 220-86-05 Director Usual Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f sho other treumatic event, the Modical Exprener must be notified as Baltimore 1 Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g. Cltizan of Whet Country? 3708 items 23a 21216 4,5,A 14. Rece - Amarican Indien, W Funeral Wes Dacedenf Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Bleck, White, etc. 1 Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detas: 2 No Paltimore, Maryland 21215-0020 "naturel", or 1 ☐ Yes 2 No Specify. Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa., DO NOT use retired) 15. Dacedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within in the end Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) aborer Construction 17. Fethar's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maidan Surname) Parrot Rhonda Rodney loung Print)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code)

CK-Mother 37 US W. Forest Park Balt, more May y lan 19a Informent's Name/Reletionship (Type, Print) permit. Pages 1 and 2 st Department of Health end important: if Item 27 Is m any Injury or other traum Thonda H. imore Mary Land 21216 20a. Method of Disposition 20b. Plece of Disposition (Name of Dete 20c. Location - City or Town, State September cematary, crematory or other place) 1 Burlal 2 ☐ Cremetion 3 ☐ Removel from State King Memoral Park 21,1996 Baltimore, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name end Addrass of Facility Carlton C. Douglass Funeral 21. Signature of Funarel Service Lice 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,

Approximately the disease of the disease of the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,

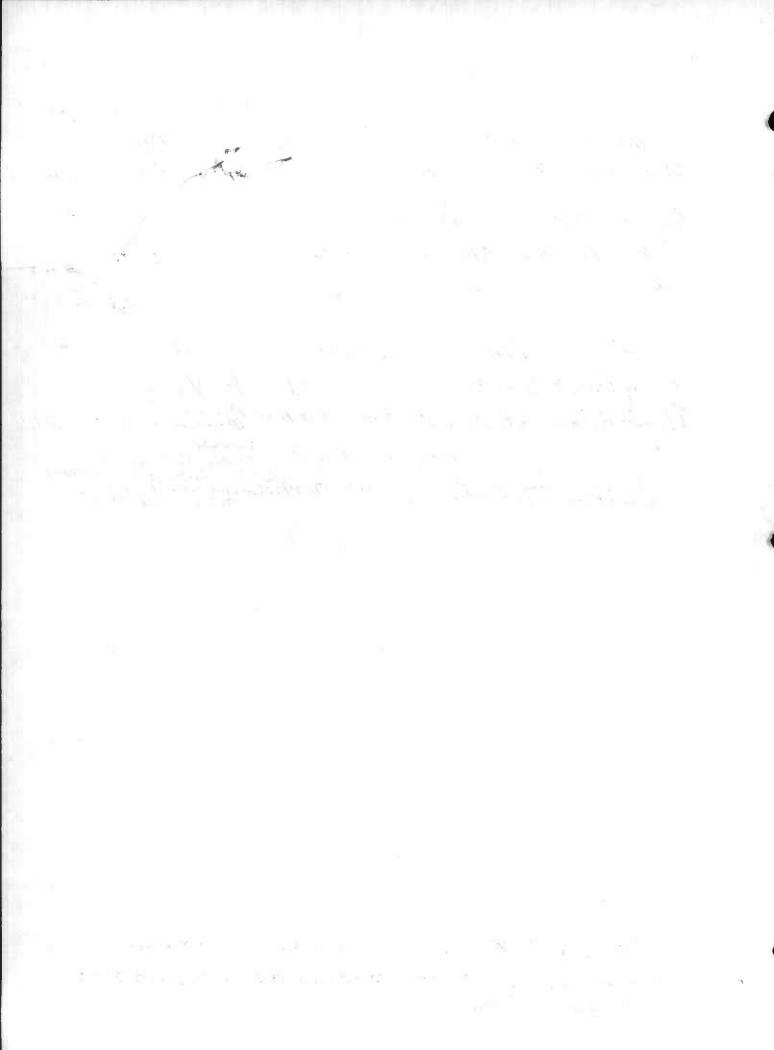
Approximately the disease of the dis Approximate Interval Between Onsaf and Deeth **Physician** Immadiate Ceuse (Final disaese or condition resulting In death) /Medical Examiner Due to (or es e consequence of): Physician/Medical Examiner physician end is the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaese or Injury that Initieled evants resulting in deeth) Lest Due to (or as e consequence of) Records, P.O. Box 68760 Due to (or as e consequence of): use es for use es Pert II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco usa contribute to the causa of death? 3 □ Probably 4 Unknown 1 Yes 2 No been signed be should be deta þ Completed 24a. Wes en eutopsy 24b. Were autopsy findings evellable prior to complation of cause of daath? page 2 1 Yes 1 Yas 2 No Division of Vital To the Hospital or Attending Physicien: director, Be 25. Wes case refarred to medical axeminer? 26. Plece of Daath (Check only one) Hospitel: XXInpatienf 2 ER/Outpetienf 3 DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 1 Yes 2 No this filled in by the funeral 27. Menner of Daath 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of After 5 Pending invastigation 1 Neturel Injury Sibject bethe within 24 hours efter death.

To the Funeral Director: All completely filled in by the fu 9/14/96 Lea Ka Chin 1 Yas 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3300 Wood Land Route 6 Could not be determined 3 □,Suicida 28e. Plece of Injury - At homa, farm, sfreet, fectory, office building, etc. (Specify) 4 Homlcida Medical 29a. Certifier 1 Certifying Phyeiclan: To tha best of my knowledge, deeth occurred of the time, date end plece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, deeth occurred at the time, date end place, end dua to tha causa(s) end manner stated. (Check only one) 29b. Signeture end fitle of certifiar 29c. License number 29d. Date signed (Month, Day, Year) SEPTEMBER 16,1996 O.C.M.E. 240 30. Nema and address of person who complated cause of death (Itam 23e) (Type, Print)

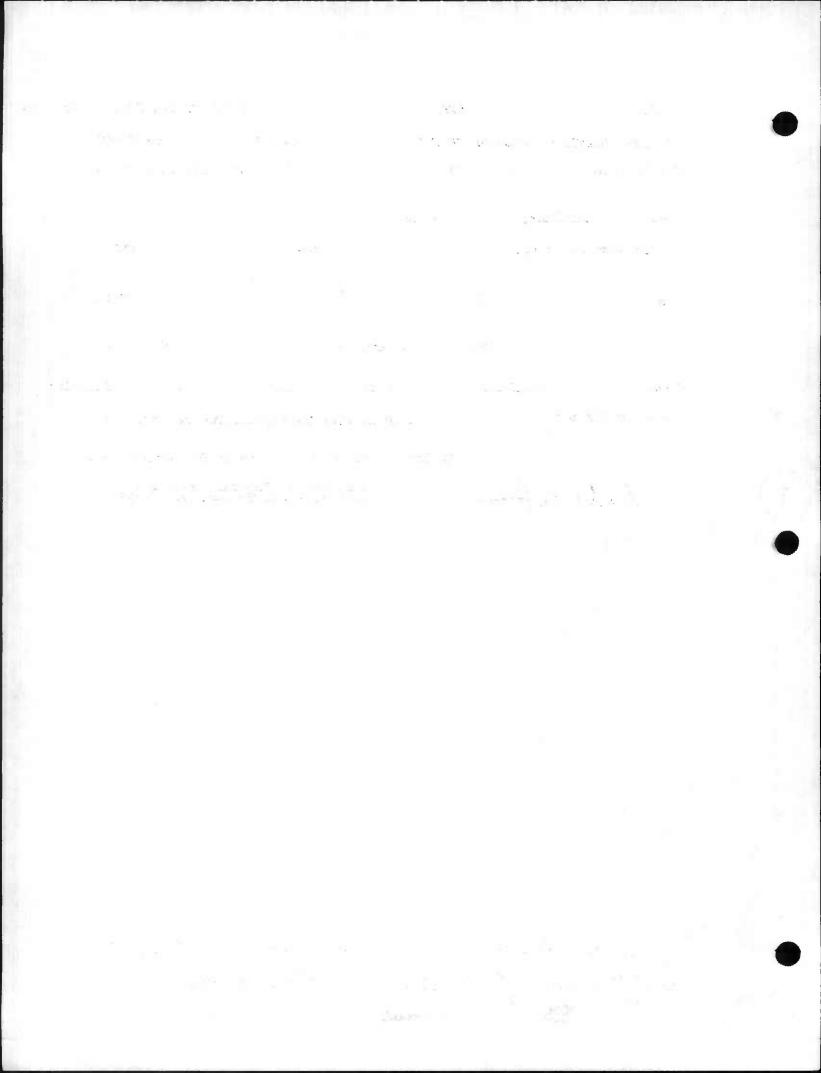
State Registrar

111 Penn Street, Baltimore, Maryland 21201 HEDDORE 31. Date filed (Month, Day, Year) 22. Ragistrer's Signatura 171996



State of Maryland / Department of Health and Mental Hygiene 96 27536

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	Physic /Med		1. Decedent's Nan		G		SNELL					5	2. Data of D Month EPTEMB	Day	Year 1996	3. Tima of Death 7:10 am	
	Exami	ner	The second second	4a. Facility Name (If not institution, give street end number) GREATER BALTIMORE MEDICAL CENTER								own, or L	ocation of Dea	eath 4c. County of Death BALTIMORE			
1	Funeral Director		357-38-6038 12 W 2X 96 Yrs.								Min.	8. Date of B (Month, L Dec - 2	irth Year 1899	9. Birthp	place (Stete or Foraign ntry) 3		
ne Marylend	e Marylend	Director	Usual Residence of 10a. Stata Md.	10b. County Balti	more	10	Oc. City, Tow		cation						1	10d. inside City Limits 1 ☐ Yes 2√2 No	
th with t	23a or 2		10e. Street and Nu 1055 W	_{lmber} Vest Jopp	a Rd.				10f. Zip		1204			10g. Citizen of	What Cour USA	itry?	
020 urs efter dea	5-0020 72 hours effer death with the Maryland naturel; or Items 23s or 28s-f show area Examener invest be notified at	by Funeral	11. Marital Status 1 □ Never Mar 3 ☒ Widowed	12. Was Dec Armed For 1 Yes If Yas, Gi Year or D	orces? 2 X No ive				Hispanic Or pan, Mexice Specify		ecify Yes or N Ricen, etc.)		ce - Amaric ck, White, by: White	etc.			
d 21215-0020		Completed	(Spe	Education grade completed) Collaga (16a.	(Give I	ent's Usua kind of wor OO NOT us emake	k done a retire	upation e during most of working red)			16b. Kind of E	Home	dustry		
70 €	d other	To Be C	Royal						18. Mothar's Name (First, Middle, Meiden Sumeme) Gurley Mary L.						Gi	lchrist	
	27 ls		19a. Informant's N John Sn	lame/Ralationship re11/ Son		ne, Print) 19b. Mailing Address (Street and Number or Rural R 8418 Charles Valley Ct.											
- A	Department of Healt Important: If item 2: any injury or other once.			sposition Cremation 3 5 Other (Spec		20b. Place of Disposition (Nema of cemetery, cremetery or other place (Hilltop Service (· ·		20c. Location 6 TOWS						
Balt	Depart Import any in		21. Signature of Fi		22. Nama and Address of Facility Ruck Towson Funeral Home, 1050 York Rd. Towson, Md,								Inc. 21204				
/	Physician /Medical Examiner		23a. Part1. Entar shock, or has Immediata Cause diseasa or condition resulting in death)	(Final	mplications that on each on ea	ceused the	e death. Do	not ante	r the mode	e of dyi	ng, such as	cerdiac	or raspiratory	arrest,		Approximate Interval Batween Onset and Death	
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x 68760, certificate be executed	nding physician end use es the burial-transit	Ical Examiner	Sequentially list co if any, leading to in ceuse. Entar Und Cause (Disaase or that initiated event resulting in death)	asyri	(or as a consequence of):								5 days				
U =		ian/Medical	resulting in death)	Last	d	_											
P.O.	igned by the atter be detached for	by Physicia	Part II. Other aignit	ficant conditions &UD	contributing to de	eath but n	ot resulting in	the un	derlying ce	euse gi	van in Part	i.	23b. Did tobacco use contribute to the			o the causa of death? babty 4 Unknown	
I Records, The law requires the	been s should	Completed I												s an autopsy ormed?	co	ere autopsy findings allable prior to mpletion of ceuse death?	
	is certificate hes director, page 2	Be Con	25. Was cese refer	rred to medicel							26 Place	a of Deat	1 ☐	Yes 2 No	10	Yes 2 No	
Division of Vital or Attending Physician: 17	this aldi	2	examiner? 1 Ves 2 27. Manner of Deat Naturat		28a. Date of Injury 28b. Time of Injury Injury					Bc. fnju Wo	her: 4□ Nu ryat rk?	ursing Ho	()				
DIVISI	within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	be 28e. Piace						28f. Location (Street end Number or Rurel Routa Number, City or Town, State)						
To the Hospital or	in 24 hours he Funera pletely fille	edical	29a. Certifier (Check only one)	Cartifying P	hysician: To the iminer: On the bi and mani	best of m asis of exe nar stated	amination and	, daath d/or Inve	occurred a stigation,	t tha ti	ma, date an opinion, dea	nd place, ath occurr	and dua to the red at the time	cause(s) and m , date and place,	annar as st and due to	ated. tha causa(s)	
Tot	To to	Σ	29b. Signature and	title of certifier	Bems	1					se numbar	-82		29d. Date signe	191	Day, Year)	
	10		30. Name and addr	V Chai	completed ceus	se of death	(Item 23a) (Type, P	o 91	B	Alti	ma	i, M)			
	Sta Registr	ite ar	31. Date filed (Mon	th, Day, Year)	6	legistrar's	Signature	dell									



State of Maryland / Department of Health and Mental Hygiene

				erillicate of	Dealli	Re	g. No.		
	Physici	an	1. Decedant's Neme (First, Middla, Last)	18111		2. Deta of Death Month	Dey	Yaar	3. Time of Death
4	/Medi	cal	Errol Neal Sharpe			SEPT	1	996	2:00 AM
	Examir	ner	4a. Facility Neme (If not institution, giva street and number)	Fr 63	4b. City, Town, or L		4c. County of		
			1237 Deanwood Road	W11-2-43V	Parkvi			timor	
	Funeral Director		5. Social Security Number 6. Sax 7. Aga (In yrs. last birtho	Months Days		8. Data of Birth (Month, Day, AUG 5,]	Year)		e (Stata or Foreign
			Usual Rasidance of Decedent			AUG J, 1	.979	Mary	land
	ye m		10a. Stata 10b. County 10c. City, Town o	r Location				10d.	Insida City Limits
	be filed within 72 hours efter death with the Maryland lel Hyglene. I of ther then "naturat", or items 23a or 28a-f show evert, the Medical Examiner roust be notified at	tor	Maryland Baltimore Pa	arkville					1 ☐ Yes 2 No
	h the	ire	10e. Street and Number	10f. Zlp Coda		10	g. Citizan of W	hat Country	7
	h wit	Funeral Director	1237 Deanwood Road	21:	234		US	SA	
	dead	Jer	11. Marital Status 12. Was Decedant Evar in U,S.	3. Was Decedant of if Yes, specify Cul	Hispanic Origin? (Sp	pecify Yes or No-	14. Rece	- Amarican	
0	of the		1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 🕅 No			o Hican, etc.)		, White, etc.	
21215-0020	"natural", or	l by	3 ☐ Widowed 4 ☐ Divorced If Yas, Giva Yaar or Datas:	1 □ Yas 2X No	э эрөсну:		Specify:	Bla	ck
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	should be filed withing and Mentel Hyglene. a marked other than aumatic event, the Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Mentel Men			ick Drive					Dairy
an o	be fi	Be	17. Fathar's Name (First, Middle, Lest) William Scholfield Sharp	_		na (First, Middle, A			
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Maryland	12 st 12 st 18 m			ailing Addrass (Stree 7 Deanwood					oda)
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more	00-			sposition (Nama of crematory or other plants					, Stata
	ritme ritery			Crematory,			altimor	e, MD	
Balt	permit. Pag Department Important: I any Injury o		21. Signetura of Junaral Sarvior Econoes	22. Name end Addr Cremation	Society	of Maryla	and. In	c.	
'	1.0		George E. MacNabb	299 Frede	rick Rd.	Baltimore	e, MD 2	1228	
1			23a. Part1. Entar tha disaesa, or complications that caused the death. Do not shock, or haart failura. List only one ceuse on each lina.	antar tha moda of dy	ing, such es cardiac	or raspiratory arra	ist,	Int	proximete tarvai Between
	Physician //							Or	nset end Death
7	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death) a. Caspitatory	, Failu	re		_	1	year
		b	Dua to (or as a cor	saquance of):		0 1	(1 -	2
	red	Examiner	& Amyotroph	Failusaquance of): La Lati saquance of):	ul Sc	lusser	AL	5) 3	years.
6	certificate be executed ding physician and use es the buriel-transit	Exal	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or injury that Inhited avants Due to (or as a con	saquance of):				i	
68760,	e be rsicla e bur		Causa (Disaasa or Injury that Infliated evants Dua to (or as a con	eequance of):				-	
	g phy es th	n/Medical	rasulting in death) Last	sequante ory.				į	
XO		N/	d				·	-	
	The law requires that the death ate hes been signed by the atter page 2 should be detached for r	Physicia	Part II. Other significant conditions contributing to death but not resulting in the	a undaifying causa g	ivan in Part I.	23b. Did to	bacco use conf	tribute to th	e cause of death?
P.0	that the de	hys		,		1 □ Y	8 2 No	3 Probab	ly 4□Unknown
	es tha igned be de	by F							
Records,	v require been sign					24a. Wes er			autopsy findings ble prior to
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Ä	The lav	Completed				1□ Ye	s 21X No	1□Y	as 2 No
Vital		BeC	25. Was casa referred to madical		26. Place of Dea	th (Check only on	a)		
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οl	g Ph er thi	- 1	27. Mannar of Death 28a. Date of Injury 28b. Tim	a of 28c. Inju		28d. Dascribe ho			
0	Attending or death. ector: After by the fune	atio	1 □Natural 5 □ Panding (Montin, Day Tear) Inju 2 □ Accidant invastigation		Yas 2□No				
Division	il or Attending P effer death. Director: After t d in by the funera	tific	3 ☐ Suicida 4 ☐ Homicida 6 ☐ Could not ba datarminad building, atc. (Specify)	straat, factory, office		28f. Location (Sti	reet and Numba Stata)	r or Rural Re	outa Number,
0	rs eft al Dir	Certification:	Suitaing, a.c. (Specify)			ony or roun.	, otota,		\$
	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edicai	29a. Cartifiar (Check only 2 ☐ Medical Examtner: On the basis of axamination and/o	aath occurred at tha t	ima, data and place,	and dua to the ca	usa(s) and man	nar as state	d.
	within 24 Within 24 To the F		one) and menner stated.	i ilivastigation, ili my	opinion, daath occur	100 at tria tima, da	ite and placa, al	nd dua to the	a cause(s)
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			Fishard J. Woyer, M.T.	Do	7043	MD	Sept. 3	16, 19	196
	1		30. Nama and addrass of parson who complated cause of death (itam 23a) (Ty		, ,	11.	T 1	1	517
	1		RICHARD F. MAYER, MD.	Dept. A	eurology	Unire	rsity 1	40 SP	Tou, BALTI
	Sta		31. Date filed (Month, Day, Yaar) 32. Ragistrar's Signature	0.00			,	•	
	Registr		SED 1 7 1996 Julia Savidson-Ru	beate					
DH	MH 16 Rev 6/9!	5	OL1 - 1 1000 U						

ITEM: 19b, PER FI.H. FILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. q-739 9/17/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month 9 **Physician** Squire Thomas JR. 13 1996 3:00 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Peath **Examiner** Greenspring Nursing & Rehab Center Baltimore
If Undar 24 Hrs. 8. Date 5. Social Security Number If Undar 1 Yaar 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** NOM 20 F Days Min. Yrs. 129-12-7026 A Director Usual Rasidanca of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Xes 2 No Balto Director notifie 10e. Street and Number apt 10f. Zip Coda 10g. Citizan of What Country? mast be r U.S. # 2120 2200 101 Funeral 12. Was Dacedant Evar in U.S. Amfied Forcas? 1 01 yes 2 □ No If yas, Giva Year or Datas: UWIII 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Raca - Amarican Indian, Biack, Whita, atc. filed within 72 hours after 1 ☐ Navar Married 2 ☐ Marriad 1 Yas 20 No Specify: by lac 3 Widowad 4 Divorced Completed 16a. Decedent's Usuai Occupation 15. Decedant's Education 16b. Kind of Businass/Industry (Giva kind of work dona during most of working jite. DO NOT usa ratired) (Spacify only highast grada completed) Hygiene. Collaga (1-4or 5+) Elamentary/Secondary (0-12) urpenter Brooklyn Naval 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) . Pages 1 and 2 should be fit ment of Health and Mental H-lant: If Item 27 is marked oth Jury or other traumatic even Be Sr. mattie lhomas Squire lhomas 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informent's Name/Ralationship (Type, Print) Balto, md abast 21207 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 9/18/94 Burial 2 Cramation 3 Ramoval from Stata Janism tovest vet 4 □ Donation 5 □ Othar (Specify) 22 Nama and Addrass of Facility es 21. Senature of Paneral Service bicensee haren + Wabas 1 1. Entar the diseasa, or complications that causad tha daeth. Do not entar tha mode of dying, such as cardiac or respiratory arrest, lock, or heart tailure. List only one cause on each line. Approximata tntarval Batween Onsat and Death **Physician** /Medical Immadiate Ceuse (Finei disaasa or condition rasulting in daath) Examiner Examiner MONTHS FAILYRE HRONIC RENAL burial-transi Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that Initiated avants rasulting in daath) Last Due to (or es e consequança of) ARTERIOSCUEROTIC HEART DISERSE Physician/Medical Dua to (or as a consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Junknown 1 Yes 2 No s certificate has been signed director, page 2 should be de þ 24b. Wara sutopsy findings available prior to Completed 24a. Was an autopsy completion of cause of death? certificate has 1 Yes 21 N 1 ☐ Yas 2 ☐ No 25. Was casa refarred to medical axaminar? Be 26. Piaca of Death (Check only one) Othar: 4 Hursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Matural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) in by 4 Homicida 1 Descritifying Phyatclan: To the best of my knowledga, daath occurred at tha time, dete end piace, and dua to tha causa(s) and mannar as stated.
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, deeth occurred at tha time, deta and placa, and dua to tha cause(s) and manner statad. 29e. Certifian

P.O. Box 68760. Division of Vital Records, il of Attendin after death. I Director: Aft Hospital

21215-0020

affimore, Maryland

Medicai To the To the P

State Registrar

30. Name and addrass of person who complated cause of deeth (Item 23e) (Type, Print) VENERACION JOL 40 31. Data filed (Month SE

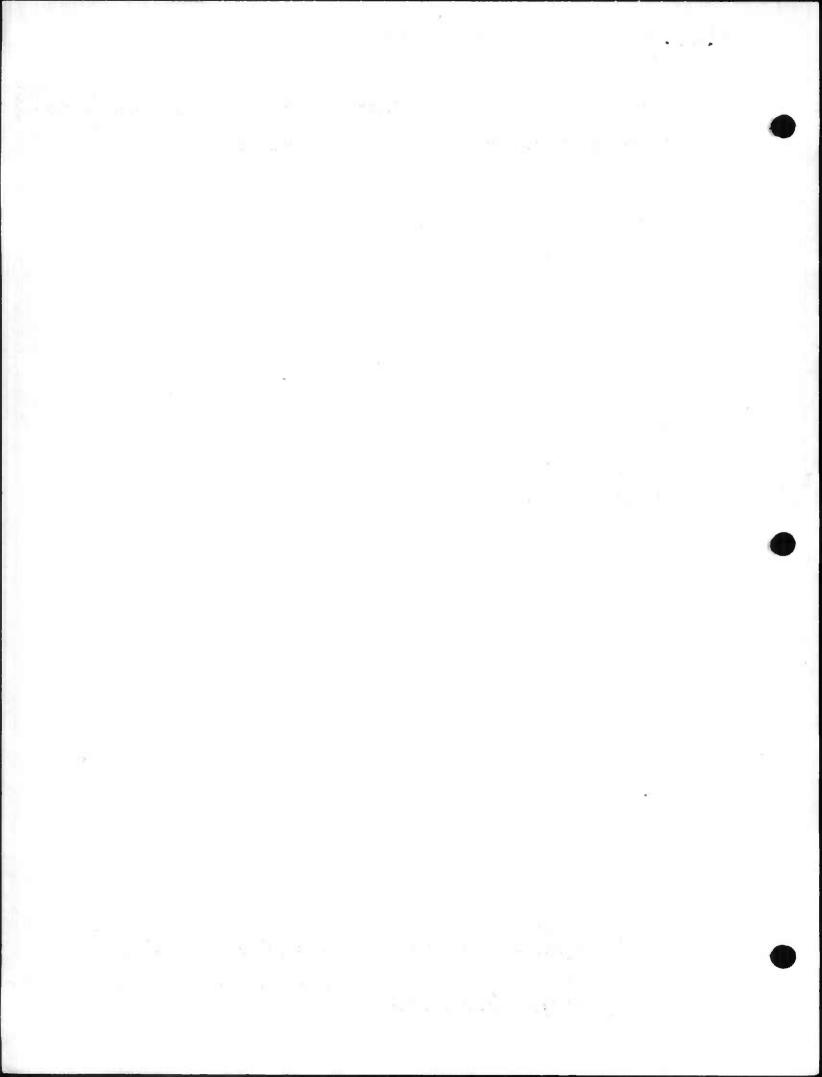
29b. Signatura and titla of certifiar

32 fiebietra Signatura

29c. Licansa number

1414 Ch 1576 MERRITT BLUD

29d. Data signed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 96 27539

					•	Certif	ficate of	Death		Reg. No.		_ 1002
			1. Decedent's Neme (First, Middle, Las	st)					2. Dete of De Month	eth Dev	Yeer	3. Time of Deeth
	Physic /Medi		Joseph Igna	atius Tiv	vis				Septembe		1996	8:05 am
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	Funeral Director		5. Sociel Security Number 6. Sociel Security Number 219-32-6094	ex 7. Age	(In yrs. last I		Under 1 Yeer lonths Deys		(Month, De	th y, Year) 21, 1932	9. Birthp Coun Mar	lece (Stete or Foreign try) yland
	fand was		10e. Stete 10b. County		10c. City, To	wn or Locati	on				1	0d. Inside City Limits
	he Mary 28a-f sh odiffied.	Director	Maryland Baltim	nore	Park		101 71 0 1					1 Yes 2 X No
	s after death with the Maryland or thems 23e or 28e-f show aminer mast be notified at		3046 Parktowne				10f. Zip Code 21234			10g. Citizen of V United	Stat	es
000	72 hours after de natural", or Item Signi, Examiner n	f by Funeral	11. Meritel Stetus 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 🕱 N If Yes, Give Yeer or Detes:			S Decedent of less, specify Cub	Hispenic Origin? (S pan, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Specify	a - Americ k, White, Wh	
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Maryland 21215-0020	uld be ti Mental H rked off fic even	To Be	17. Fether's Neme (First, Middle, Last) Lawrence Tivv	_					me (First, Middle, Ann Rup		Θ)	
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	alth a 27 is r tre		Mrs. Mary Patricia	a Tivvis/W	ife	3046	Parkto	wne Road	Balt	imore, Mo	1. 2	1234
Baltimore,	permit. Pages 1 a Department of Hei Important: If Nem any injury or othe 8068.		20e. Method of Disposition	Dete	20c. Location -	City or To	wn, State					
Ĕ			1 XX Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specify	100			Cemeter		9/18/96	Raltimo	re l	Maryland
票			21. Signeture of Funerel Service Licen			a 22. No	eme end Addr	ess of Fecility		Dareino	1, 6, 1	iai y rajia
ã	Page 8		. // -	Zaroyne	3	L		J. Ruck,				
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	Examiner		diseese or condition resulting in death)	· COL	ona	my c	STREET,	ey de	sease		1	invitediste
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	nsit n	Examiner	•	6 Hype	My	nde	ma				i	
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88	rtificate ng phy	Medical	resulting In deeth) Last	D	ue to (or es o	e consequen	ce of):					
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Ö	v require been si should	Completed							perfo	med?	SVE	eilable prior to
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	tal or ai Dir ed in	Cer		building, etc.	,,,							
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai	29e. Certifler (Check only one) 1 Certifying Phy	ime, dete end plece opinion, deeth occu	a, end due to the urred et the time,	ceuse(s) end ma dete and plece, a	nner ss st and due to	eted. the cause(s)				
	To the within To the compl	¥	29b. Signature and the of cortifier		29c. Licen	se number		29d. Date signed	i (Month, i	Day, Year)		
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	4.0-	-	T. Wage	and	0		1	276		1/1	0/7	
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			Francis L. Wie	gmann, M.D.		8406 H	larford	Road				
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	Registr	al		O James	1400/-/	and the						

SEPT. 13, 1996

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yland 21215-0020 uld be filled within 72 hours after death with the Manyland Mentel Hyglane. riked other than "natural", or items 23s or 28s-f show atte event, the Medical Examinat must be nother at	by Funeral	11. Marital Status 1 Navar Marr 3 Widowed	riad AM Marriad	12. Was Dace Armed For 1 Yas If Yas, Give Yaar or Da	cas? 2VINO		Was Dacedant of Yas, specify C			ecify Yas or No Rican, atc.)	14. Rac Bla Specifi	ck, Whita	arican Indian, Ita, atc.	
21215-0020 d within 72 hours af glane. It than "natural", or it a Moulcal Exam	Completed	Eiamantary/Seco		ducation ada complatad) Collaga (1-	-4or 5+)	(Giva	dent's Usuai Oc kind of work do DO NOT usa ra	na during mo tired)			16b. Kind of B			
aryland 212 should be filed with and Mentel Hygiene americed other tha umatic event, the	0 26	17. Fathar's Nama		•		HOUSEKEEPING SUPERVISOR JOHNS HOPK 18. Mothar's Nama (First, Middla, Maldan Surnama) MARY LEE								
Baltimore, Maryland 21215-0020 permit. Pages 1 end 2 should be filed within 72 hours after death with the Marylan Department of Health and Mentel Hygiane. Important: if Item 27 is merked other than "natural", or items 23s or 28s-f show eny injury or other traumatic event, the Moureal Examines must be nothed at once.			RT TOWN position Cramation 3 [5 Other (Speci	SEND SR	20b.	270 Placa of Dispo comatery, crar LTIMOR	4 BERY sition (Nama of natory or other) E CEME Nama and Ad	L AVE	NUE,	BALTIM Data 1 18 -96	ORE, MD 20c. Location -	21205 City or T 40RE ,	5 own, Stata	
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lew requires hes been sign ge 2 should be										INSP	an autopsy mad? ECTION	av cc of	/are autopsy findings vallabla prior to omplation of causa death?	
certificate irector, pag		25. Was casa rafari axaminer?		Hospital:	Total Police	Y-DIO .		26. Plac	a of Death	(Check only of	na)	1	☐ Yas 2☐ No	

 Hospital or Attanding Physical hours after death.
 Funeral Director: After this detaily filled in by the funeral direction. Division of

27. Mennar of Death
XXNeturel 28a. Date of Injury (Month, Dey Year) 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the causa(s) and manner as stated.

XX Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) and manner stated. (Check tinh

29b Signature and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (Itam 23a) (Typa, Print)

J. Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E

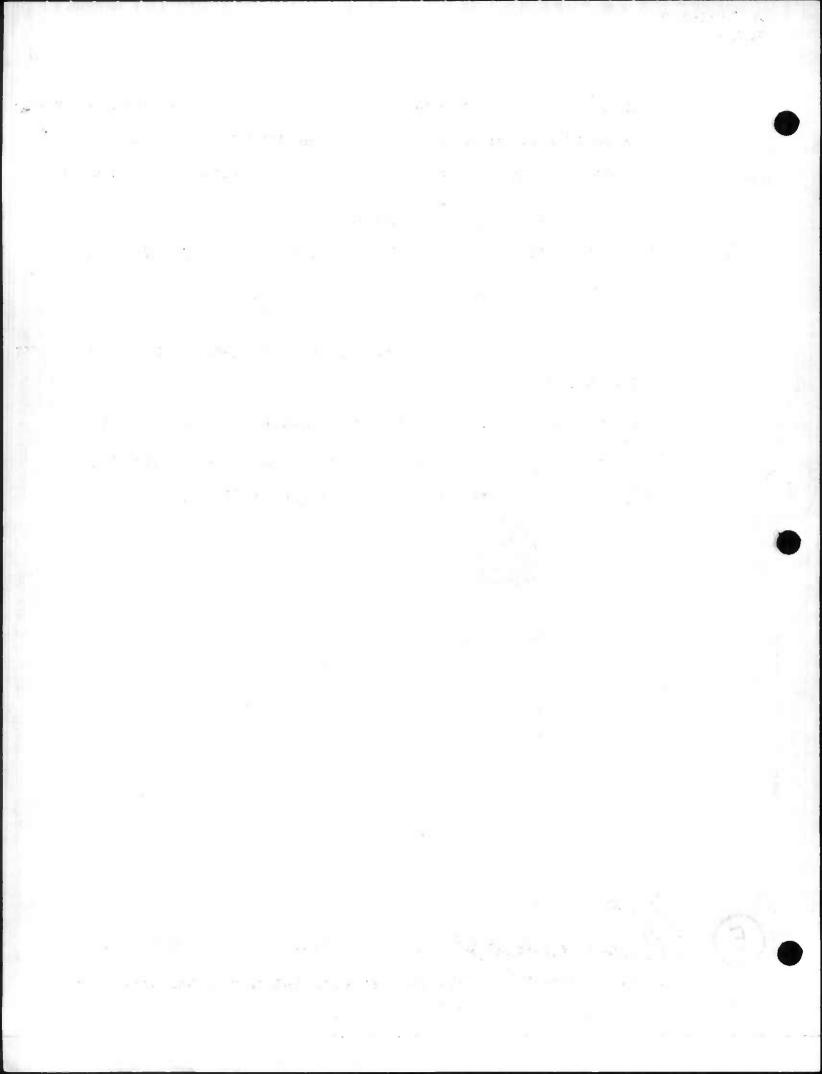
State Registrar

Medical Certification:

31. Data filed (Month, Dey, Yaar)

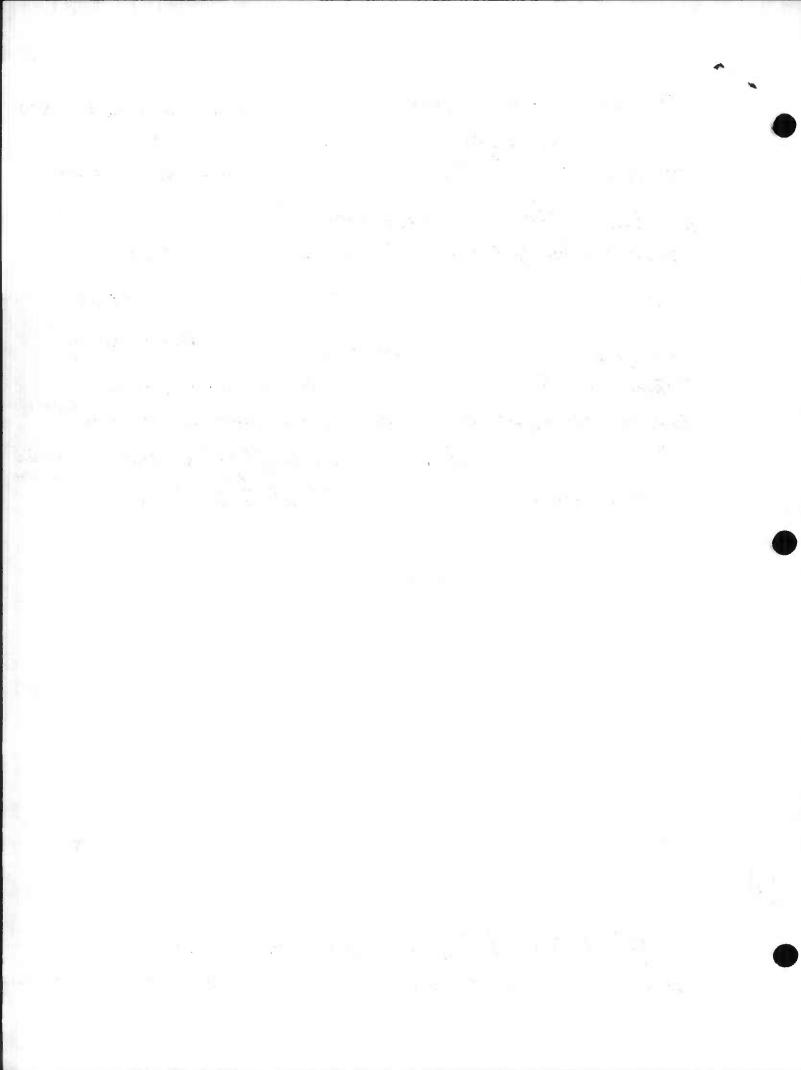
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32. Ragistrar's Signature



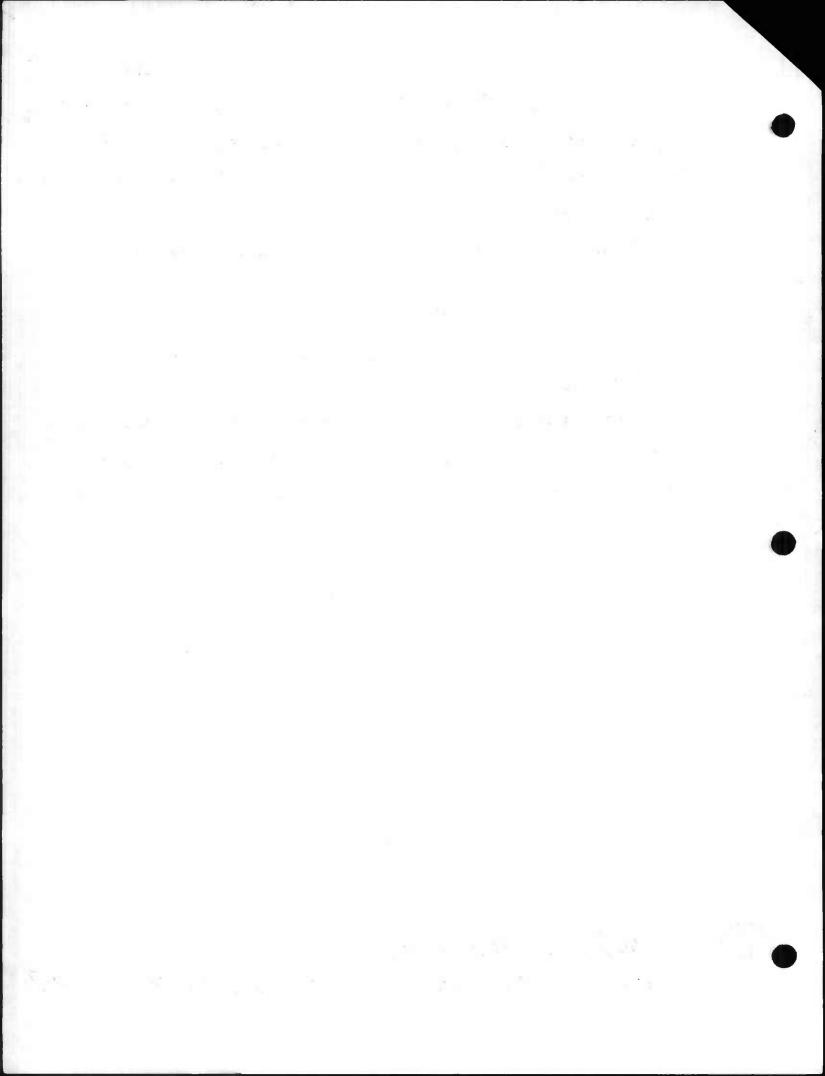
State of Maryland / Department of Health and Mental Hygiene 96 27541

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de.	E 5	Funeral	11. Meritel Stetus	12. Was Decedent E Armed Forces?	ver in U,S.	13. Wes Decedent of It If Yes, specify Cub	Hispenic Origin? (S	pecify Yes or No- o Rican, etc.)		- America		
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215-0020	natural',	d by	3 DWidowed 4 □ Divorced	Yeer or Dates:					Specify.	DIa	CK	
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aryla	and Mentel Hygiene. Is marked other than summic event, the M	2	JAMES WHI	٤			1110/11	E SIA	ughi	ER		
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and and	a 27		TRANCES YOU	ng DAUGI	. 10	108 EAS	Lbury	HUC 1	BAIMH	0/8,	ILI	
more	な事件		20e. Method of Disposition 1 Burial 2 ☐ Cremetion 3 ☐	Damassaldson State	20b. Plece of Cometery,	Disposition (Neme of cremetary or other ple	ice) N		Oc. Location - 0			
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	After t funere	Certification:	27. Menner of Death 1 Natural 5 ☐ Pending	28a. Dete of Injun (Month, Day	Year) 28b. Tir		ry at rk?	28d. Describe how	w Injury occurre	id		
Sion		cati	2 Accident Investigation	NH		M 1 🗆	Yes 2 □ No					
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-	within 24 not To the Funeral Dir completely filled in	edical	29e. Certifiar 12 Certifying Phy (Check only 2 Medical Exam	rsician: To the best of	my knowledge, o	deeth occurred et tha til or Investigetion, in my o	ma, date end piece	, and due to the car	use(s) and man	ner as sto	ated.	
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0	To the	Σ	29b. Signeture end title of certifier	1	1)	29c. Licens			d. Dete signed			
	_		M. HMIL	my Ku	ly in	02	5 205	2	1/16/9	6		
	7-1		30. Nema and address of person who d	completed causa of da	eth () em 23e) (T	ype, Print)						
	V		W.A. Riley,	MD (3 BMC	6701	N. Cha	vles St.	BAL	to.	md 212	105
	Sta	te	31. Dete filed (Month, Day, Year)	22. Registra	's Signeture							
	Registr	ar	SEP 17 199	i for in	idson-Aana	482						

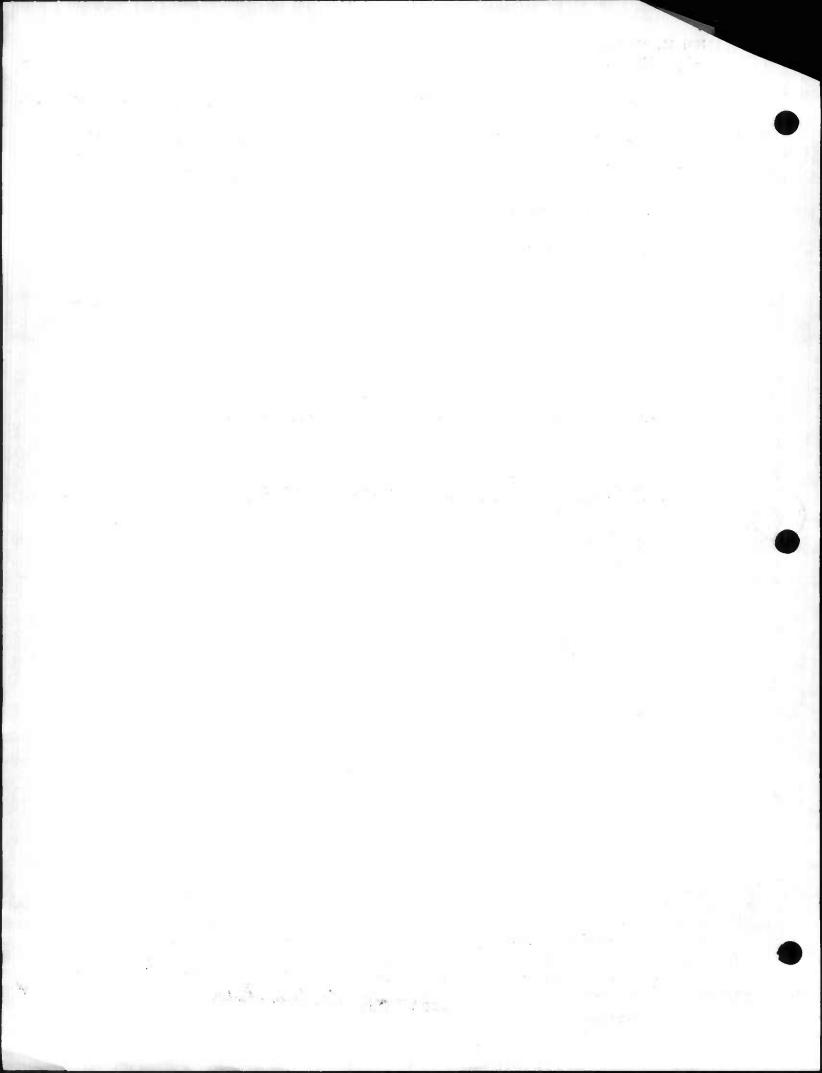


State of Maryland / Department of Health and Mental Hygiene 96

				Certificate of D	eath		Reg. No.		
	Di-		Decedent's Nama (First, Middle, Last)	+		2. Data of Dea	ath	Vaer	3. Tima of Death
	Physici /Medi		George Woodson	Sr		Month 9	Day 14	96	1105
	Examir		4a. Facility Noma (If not institution, give street and number) Baltimore VA Hosp,	E	1641. 1. 0411	ore.		n/	a
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. Iast birth 5 8) Usuel Rasidance of Dacedent	hdey) If Under 1 Year Months Days	Hours Min.	8. Date of Birt (Month, Da	y, Year)	D A .	ace (State or Foreign try)
	ith the Maryland or 28a-f show	Director	10a. Stata ND. 10b. County 10c. City, Town	BALTIMORE				10	Od. tnsida City Limits 1 💢 Xas 2 🗆 No
	23a or 2	al Dire	10e. Street and Number 1703 N. CAROLINE STREET	10f. Zip Coda	2121		10g. Citizen of V UNITED		try? ATES
050	be filed within 72 hours after death with the Maryland ntal Hygiene. dother than "naturel", or thems 23a or 28a-1 show event, the Medical Examiner must be nouted at	by Funeral	11. Meritei Stetus 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 ☑ Divorced 12. Was Decedent Ever in U,S. Armed Forcas? X ☑ Yes 2 □ No 1 - 25 - 11 Yas, Giva Yeer or Datas: 2 - 16 -	1 1 1 1 0 3 2 1 1 1 1 1 1	panic Origin? (Spe , Maxican, Puerto F Specify:	cify Yes or No Rican, etc.)		e - Amarica k, Whita, a	
21213-0020	vithin 72 h ne. han "natu e Medical	Completed	(Specify only highest grade completed) Elemantary/Secondary (0-12) Collega (1-4or 5+)	Decedant's Usual Occupati (Give kind of work done du life. DO NOT use retired)	iring most of workin	ng	16b. Kind of Bu		ustry
Maryland 2	S is of S	To Be Co	12 th SUP 17. Fathar's Nama (First, Middle, Last) THAD WOODSON		NTENCE 18. Mothar's Nama MARY	(First, Middle,	AQUAR Maiden Sumam	2 411	
	s 1 and 2 should f Health and Mer item 27 is marke other traumatic		DORIS WEATHERBE 1			TREET,	BALTIMO	RE,MD	21213
	Page nent o int: If ury or		1√ Buriel 2 □ Cramation 3 □ Ramoval from Stete 4 □ Donation 5 □ Other (Specify) GARRIS	T	A CEM.	9-19	20c. Location -		WIN, State
Dal	Departr Departr Imports any Inje		21. Signeture of Funaral Sarvice Licensee **Karen m · **Lacensee***	WM. C. MA		101 E.	NORTH	AVE	ENUE
	Physician		23a. Part1. Entar tha diseasa, or complications that caused the seath. Do n shock, or haart failura. List only ona causa on eech lina.	ot antar tha mode of dying,	such as cardiac or	r raspiratory e	rrast,	1	Approximata Intarvai Batween Onset and Death
	/Medical Examiner	ē	Immediata Causa (Final disease or condition resulting in death) a. Necrotizin Dua to (or as a condition resulting in death)		itis,	Seps	is		14 days
,	entificate be executed ding physician and se as the burial-transit	I Examiner	Sequantialty list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or injury	onsequance of):					
•	0 2 3	n/Medical	that initiated evants rasulting in death) Last Dua to (or as a column of the column o	onsequance of):					
5	the death by the atter sched for a	Physician	Part II. Other significant conditions contributing to death but not resulting in	tha undarlying causa givan	n in Part I.	23b. Did	lobacco use cor	ntribute to	the cause of death?
•	es that the de igned by the be detached	by Phy	Diabetes Mellitis			10	Yee 2□ No	3 Prob	ebly 4 Unknown
or vital necolus,	aw requir is been s 2 should	Completed				24a. Was perfo	an autopsy med?	ava	re autopsy findings illable prior to npiation of causa leath?
	E ag	Соп				10	ras 2 No	1 🗆	Yas 20 No
	Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical axaminar?	Other	26. Place of Death				
	Physical di	n: To	27. Manner of Death 28a. Data of injury 28b. T	ima of 28c. tnjury a	4 LI Nuising Hon		dence 6 Other)
5	Attending in death. Potor: After by the funer	atio	2 Accidant invastigation		as 2 □ No				
5	그 를 들 수	Certification:	3 ☐ Sulcida 6 ☐ Could not be data minad 28a. Placa of tnjury - At homa, far building, atc. (Specify)	m, straat, factory, office	2	28f, Location (S City or Tox	Street and Numb vn, State)	er or Rurai	Route Number,
1	Hospital 24 hours Funeral petely filled	edicai	29a. Certifier (Check only one) 1 Certifying Physician: To tha best of my knowladga, 2 Medical Examiner: On tha basis of axamination and end mannar stated.	daath occurrad et tha tima, Vor invastigation, in my opir	, data and piaca, a nion, daath occurre	and dua to that and at the time,	causa(s) and ma data and piace, a	nner as stand dua to	ated. tha cause(s)
(E)	M	29b. Signatura end title of certifie Muchael C. Mozin	MD 29c. Licensa r	2600		29d. Date signed 9/14/	9 G	Jay, Year)
1			30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) - Peaceful V	Vay #30	93,0	denton	MI	21113
	Sta Registr		SEP 17 1996 July Say Jan September 1996		,			2119	



Physic		1. Decedent's Name (First, Middle, Last) Sammie Edwar	d Wat	son				2. Date of Deal Month Sept.	_	996		ne of Death
/Medi Exami		4a. Facility Name (If not Institution, give stree 266 Constant Ave		Т			4b. City, Town, or Se		4c. Count Anne			1
Funeral Director	I	5. Social Security Number 579 36 2358 6. Sex 1 № M	7. Age (In yrs. 66			Year Days	If Under 24 Hrs Hours Min.			9. Birth Cou Va		tate or Foreig
Maryland a-f show	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland Anne Aru	ndel 10c. Ci	ty, Town or t								de City Limits
with the	Il Director	10e. Street end Number 266 Constant Aven	ue		10f. Zip C	ode 211	44	1	0g. Citizen of		.S.A	
d 27215-0020 filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-1 show ont, the Medical Examinat must be notified at	by Funeral	1 Never Married 2 Married 1	Vas Decedent Ever In U nmed Forces? ☐ Yes 2 T\No Yes, Give 'ear or Dates:	J,S. 13.	. Was Decede If Yes, specif	y Cubi	lispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		ick, White	icen India , etc. hite	
5-0 72 ho 72 ho	Completed	15. Decedent's Educatio (Specify only highest grade con	n npieted)	(Giv	edent's Usual	done	during most of wo	rkina	16b. Kind of E	lusiness/l	ndustry	
within than	Jdm	Elementary/Secondary (0-12)	college (1-4or 5+)	life.	DO NOT use	retire	1)		Gover	nmen	 	
C 0 = 0 5	To Be Co	12 17. Father's Name (First, Middle, Last) Richard Watson		1201				me (First, Middle, Me Miller				
, Maryland and 2 should be file eith and Mental Hy 27 is marked outh		19a. Informant's Name/Relationship <i>(Type, F</i> Kathryn Stefanski	rint)	19b. Maii 856	ling Address (a	Street 1m	and Number or Ri Ct., Sev	ural Route Number 7ern, Md	City or Town	, Stete, Z	p Code)	
Haltimore, Marylai permit. Pages 1 and 2 should be Department of Heelth and Menta Important: If teen 27 is marked any highry or other traumatic entage.		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remort 4 ☐ Donetion, 5 ☐ Other (Specify)	vai from State	cemetery, cre	position (Name ematory or oth dge Cem	er ple	,		20c. Location Dorsey		own, Stat	le
box 687 00, sath certificate be executed be executed by the burnel by the burnel from use as the burnel-fransit	ician/Medical Examiner	23a. Part: Enter the disease, complication shock, or heart failure. Lest only one call immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thei initiated events resulting in death) Last Part II. Other significant conditions contribut	CARDIO PU Due to (c RESPIFA TOXAL Due to (c CARCEL Due to (c ANEMIA	h. Do not er LM OPA or es a conse or as a conse or T	851 A) for the mode of the mod	nne of dyir	apolis g, such as cardiad		P.A. mbril		Onset a	l Between and Death
res that the de signed by the	y Physi	, and a significant conditions contribute	ing to death but not les	ulting in the t	underlying cau	se giv	enin rant.	1	s 2 No			4 Unknow
aw requi	Completed by							24a. Wes er perform	n autopsy ned?	av	Vere autop veileble pr ompletion death?	
								1□ Ye	s 2000	1	☐ Yes	2□ No
stclan: The certificate irector, pag	o Be	25. Was case referred to medicel examiner? 1 □ Yes 2 □ No Hospit	el:	ED 10		Oth	00	ath (Check only one				
To the Hospital or Attending Physician: To the Hospital or Attending Physician: To the Funeral Director: After this certific, completely filled in by the funeral director,	Medical Certification: To	27. Menner of Death 1 Maturel 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) 28a. Date of Injury (Month, Day Year) 28b. Time of Injury M 1 Yes 2 No 28c. Injury at Work? 1 Yes 2 No 28d. Describe how Injury occurred 3 Suicide 4 Homicide 28d. Describe how Injury occurred 28d. Describe how Injury occurred 3 Suicide 4 Homicide 28d. Describe how Injury occurred 3 Suicide 4 Homicide 28d. Describe how Injury occurred 3 Suicide 4 Homicide 28d. Describe how Injury occurred 3 Suicide 4 Homicide 28d. Describe how Injury occurred 3 Suicide 4 Homicide 28d. Describe how Injury occurred 4 Suicide 5 Homicide 4 Homicide 28d. Describe how Injury occurred 4 Suicide 5 Homicide 4 Homicide 28d. Describe how Injury occurred 4 Suicide 5 Homicide 4 Homicide 5 Homicide 4 Homicide 5 Homicide 6 Homicide 6 Homicide 6 Homicide 7 Homicide 8 Homicide 8 Homicide 8 Homicide 9 Homi									se(s)	
To with		29b. Signeture and title of certifier 30. Name and address of person who Admoles	telen-	22a) /Time	D	29	74V		9116/46	5		
Sta	te	30. Name and address of person who somplet MAN EJUAN 31. Date filed (Month, Day, Year)	32. Registrer's Signa	07 C	PANC	1	Higker	Reveall	N B	LK	N12 061	· . MC
Registr DHMH 16 Rev 6/9		4/16/26	▶ S	EP17	1330	Jan	W to utranspor	,				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene · 'q-739 9/17/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Veer **Physician** Ingela Marie Worsham Degtember 12,1996 0:00 a.M /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 7. Age (In yrs. lest birthdey) | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Sept. 11, Fallston General Hospital Harford 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 1□ M 2☑ F Year) Director 215-03-8843 1913 Maryland Usuel Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 No Maryland Harford Directo Bel Air 10f. Zip Code 10e. Street and Number 10g. Citizen of Whet Country? 300 Sunflower DRive 21014 U.S.A. 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☑ No
If Yes, Give
Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: þ 3 M Widowed 4 ☐ Divorced White Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wh Department of Health and Mental Hygiens fingoritant: If from 27 is married other that any injury or other traumetic events. 12th grade Clerk Retail Store 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Frank C. Thalheimer 2 Anna Cook 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Robert L. Worsham (Son) 763 Live Oak Drive, Millersville, Md. 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) New Cathedral Cemetery 9/14/96 Baltimore, Maryland 22. Name and Address of Facility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, Md. 21014 21. Signetura of Funeral Service Licensee 23a. Purf. Entar the disease, or complications that caused the deeth. Do not enter the mode of dylng, such es cardiac or respiretory errest, nock, or heart failure. List only one cause on each line. Approximate intervel Batween Onset and Deeth **Physician** DAYS FAILURE /Medical Immedleta Causa (Final ACUTE RENAL disease or condition resulting in deeth) Examiner Due to (or es e consequance of): Examiner ADENOCARCINONA OF THE COLON I-transit and Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest Dua to (or as e consequence of): physician s the buriel Physician/Medicai Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings aveilable prior to complation of cause of deeth? 24a. Wes en autopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa raferred to medical axaminer? Be 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 IN 1 ☐Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 2 27. Manner of Daath 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending

Box 68760. Records, P.O. Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to Certification: Medical

2 Accident

3 Sulcide 4 Homicida

investigation 6 Could not be datarmined

28e. Plece of Injury - At home, ferm, street, factory, offica building, atc. (Specify)

1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 🗗 certifying Physician: To the best of my knowledge, deeth occurred et the tima, data and pleca, and dua to tha cause(s) end manner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, data and piece, and due to the cause(s) end menner stated.

29b. Signeture and title of certifie

29e. Certifier

3/77 SERWBER 12, 1996

31. Date filed (Month, Day, Year)

of daath (Itam 23a) (Type, Print) 2/12 freth R RoAD

Colstrate Streeting 2

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and its age

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Dev 4 September 11, 1996

4b. City, Town, or Location of Deeth 4c. County of Deeth 4:30 Am erman /Medicai 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner OSPICE OF BALTIMORE - GILCHRIST CENTER TOWSON BALTIMORE If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Yeer) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funerai** 1 M 2 □ F 088-03-5359 83 Yrs. Director JAN. 19, 1913 MARYLAND Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at 1 Yes 2□ No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? filed within 72 hours after death with 6711 PARK HEIGHTS AVE., APT. 204 21215 USA Funeral items ; 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. "natural", or iten 1 Never Merried 2K Married timore, Maryland 21215-0020 1 Yes 2 No Specify: Completed by Specify 3 ☐ Widowed 4 ☐ Divorced WHITE mit. Pages 1 and 2 should be filed within 72 h. Independent of Health and Mental Hygiene. Important: if item 27 is marked other than "neture any injury or other traumatic event, the Madical once." 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) DISPLAY CRAFT Elementary/Secondery (0-12) College (1-4or 5+) 5 MFG. COMPANY PROPRIETOR 17. Fether's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surneme) Be MORRIS WEITZMAN RAE **AUERBUCH** 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MRS. DOROTHY WEITZMAN (WIFE) 6711 PARK HEIGHTS AVE., APT. 204 BALTIMORE, MD 21215 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca)
HEBREW YOUNGS MENS -20e. Method of Disposition 20c. Location - City or Town, Stete 3 ☐Removel from Stete 1 Burial 2 ☐ Cremation 9-13-1996- BALTIMORE, MD 5 Other (Specify uperal Service 22. Name end Address of Fecility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 a of corp cetions thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, that only one ceuse on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel LymphomA 9 months anont diseese or condition resulting in deeth) Examiner The law requires that the death certificate be axecuted for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 COronary Artery disease 1 Yes 2 No 3 Probably 4 Unknown Records, þ 90 Non- in sulin dependent Diabetes Mellitus 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? this certificate has 1 ☐ Yes 2 ☐ No Division of Vital Physician: Be 25. Wes case referred to medical 28. Piece of Death (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Tother (Specify) Hospice 10 1 Yes 2 No the funarai 27. Menner of Deeth 28e. Date of Injury (Month, Dev Year) Certification: 28b. Time of 28c. fnjury et Work? 28d. Describe how Injury occurred After . Attending 1 Neturel 2 Accident 5 Pending Investigation death. 1 Yes 2 No NA s after death Director: / 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 28e. Pleca of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours af To the Funeral Di completaty filled is 29a. Certifier Certifying Phyefcian: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner es stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. edical (Check only one) 29b. Signature 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed ceuse of death (Item 23e) (Type, Print) N. Charles St. Balto, md 21204 Kile State

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certiti	cate of	Death		Reg. No.		
Ī	Physic	ian	1. Decedent's Nama (First, Middla, Li	nst)	Whi	. 12	hen	_/	2. Data of D	Day	Year	3. Time of Death
J	/Medi		Merle T.		Whi	161			Septem		1996	1.15 pn
J.	Exami	ner	4a. Facility Nama (If not Institution, gi					4b. City, Town, or		- 1	ty of Death	
L			rallston Gener				la day d Mass	Fallst	the second secon		ford	
П	Funeral			1□M aME	In yrs. last bir	Mor	Inder 1 Year oths Days	If Under 24 Hrs Hours Min	(Month, D	ay, Year)	9. Birthp Cour	placa (Stata or Foreign
	Director		218-26-1025	66		Yrs.			Dec. 1	7,1929	Balt	imore,Md.
	pu *		Usual Residence of Dacedant 10a. Stata 10b, County	T ₁	0c. City, Town	n or Location	,				т.	Ind. Include Other Limite
	Sho	5									- 1	1 ☐ Yas 2 🕅 No
	No No No No No No No No No No No No No N	Director	Maryland Harford]	BelA							
	E 8		10e. Street and Number	0		10	f. Zip Coda	245		10g. Citizen o		itry?
	ath v	a l	1843 Queen Anne				210				S.A.	
	er de	Funeral	11. Marital Status	12. Was Decedant Eve Armed Forcas?	ar in U,S.	13. Was I	acedant of F specify Cub	Hispanic Origin? (S ean, Maxican, Puar	Specify Yas or Note Rican, atc.)		ace - Amaric ack, Whita,	
20	72 hours after death with the Maryland natural', or flems 23s or 28s-f show sizel Examiner must be notified at	by F	1 Navar Marriad 2 Married	1 ☐ Yas 2 ☒ No If Yas, Giva		1 🗆 Y	as 2 X No	Specify:		Spec	ify:	
21215-0020	"natural",	d b	3 Widowed 4 Divorced	Yaar or Datas:							Wr	nite
5-	l within 72 ho liene. r then "netur	Completed	15. Decedant's E (Specify only highast gr	ducation a <i>da compi</i> a <i>tad)</i>	16a.	Decedent's (Giva kind	Usual Occup of work dona	pation during most of wo d)	orking	16b. Kind of	Businass/Inc	dustry
12	within ene.	D E	Elementary/Secondary (0-12)	Collaga (1-4or 5+)				•		Final	V	nia Dank
12			17. Fathar's Name (First, Middla, Last		Da	ata Pr	ocesso		(Fl 1 & d			nia Bank
ano	0 T D A	Be							ma (First, Middle (ate Hob		.ma <i>)</i>	
Ž	E E	2	James Ernest Tyd									
Maryland	O1 00 07 m		19a. Informant's Name/Raletionship					and Number or R				
ď	C = 0 F		Mr.Leroy H. White					ne Squar		Air, Ma		
0	ges 1 a t of Hei if item or othe		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 [y, cramator	or other pla		Deta	20c. Location		
Ë	men ment:		4 ☐ Donation 5 ☐ Other (Spaci		Highvi	Lew Ce	metery	Sept.13	3,1996	Fallst	on,Md.	
Baltimore,	permit. Pages Department of Findportant: If ite any injury or of other		21. Signetura of Funaral Sarvice Lice	nsaa	2			ass of Facility	onel He	mo		
	20E 3 9		E. 7 %	make)			ssahn Fur Lair Roac			arvlar	nd 21087
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Y	Physician			/								Interval Batween Onaat and Daath
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	entificate be executed ding physician and se as the burial-transit	Examiner	Saguantially list conditions.	b. Du	a to (or es e c	consequance	of):		· - · · · ·			
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Box	2 2 3			d								
	0 0 0	Physician	Part II. Other significant conditions of	contributing to death but r	ot resulting In	tha undarly	ing cause giv	ven in Part I.	23b. Did	tobacco usa c	ontributs to	the cause of death?
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		by										
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Division	P # F =	Certification:	4 ☐ Homicida detarmined	building, atc. (Spacify)	im, streat, re	otory, office			wn, Stata)	DOI OI FIDIA	Tribbia Ivaniber,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29e. Certifier 17 Certifying Ph	welden. To the best of m	u knoudodno	death seem	and at the tie	no dete and slee	and due to the			
	Hoa 24 h Fun etely	edica		nysician: To the best of miner: On the basis of ex and mannar stated	amination and	or Invastig	ation, in my o	plnion, daath occi	urred at tha tima,	, data and place	, and dua to	tha causa(s)
	ithin o the omple	ě.	29b. Signature and title of certifie	direction and states	0		29c. Licans	sa number		29d. Data sign	ed (Month	Dev Year)
	F ≱ F ŏ		An Pi	allen	/	W	7).	3/775				10, 1996
	10		7/10		8		- 4	7.	4 7	1 -1		1
	Ψ		30. Name and address of person who	complated causa of daat	h (Item 23e) (Type, Print)	2712	- MEZ	ARR	(corti)	1	14117
			31. Date filed (Month, Day, Year)	7 7 7 1 00	Cimpatura		Mu	- 570 N	MARY	LAWD	1	1041
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DHMH 16 Rsv 6/95

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Exami		4e. Facility Neme (If not institution, gi	ive street end number)			4	b. City, Town, or La	oction of Dee	oth 4c. Cou	nty of Death		
		CHURCH HOSP	ITAL			В	ALTIMORE			/A		
Funeral Director		218-09-1278	4 DAA OFME	e (In yrs. lest bii 97	Yrs. If Under	Deys	If Under 24 Hrs. Hours Min.	8. Dete of B (Month, D 5 - 24	irth Dey, Year) - 1899	9. Birthpi Count MAR	iace (State or Foreign try) LAND	
pue M.		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	n or Location					11	0d. inside City Limits	
vith the Merylen or 28a-f show	5	ARYLAND N/A			IMORE						1 Ves 2 No	
r 28a-f	9	10e. Street end Number	1	DALI		p Code			10g. Citizen	of Whet Coun	^	
23a or	Ole	2331 FLEET ST	REET			2122	4		US	А		
or items	by Funeral Directo	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forcas? 1 Yes 2 1 If Yes, Give		13. Wes Dece If Yes, spi	ecify Cuba	Ispanic Origin? (Spanic Origin? (Spanic Origin, Mexicen, Puerto Specify:	ecify Yes or N Rican, etc.)	E	lace - America leck, White, o	etc.	
72 hours "natural", rolesi Ex	ed b	15. Decedent's E	Yeer or Detes:	16a	. Decedent's Usi	iel Occup	ation			Business/Ind		
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should be filed within and Mental Hygiene. marked other than imatic event, tre M	To Be C	17. Father's Neme (First, Middle, Las ANTHONY STAMB					18. Mother's Neme	e (First, Middle	e, Meiden Sum	ame)	1.17	
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permit. Peges 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once.		20e. Method of Disposition		20b. Pieca o cemete	f Disposition (Na ry, cremetory or	me of	(a)	Dete	20c. Locatio	n - City or To	wn, State	
Pege Int: If		1 ☐ Buriel 2 ☐ Cremetion 3 [4 ☐ Donetlon 5 ☐ Other (Speci					METERY 9.	- 17	BALTO	. co.	MD.	
Physician /Medical		23a. Part1. Enter the disease, or conshook, or heart failure. List oth	nplications thet caused one cause on each lin	KACZOI 2525 F not enter the mo	ROWS FLEE de of dyln		ALTO, or respiretory	MD. 2	1224	Approximate Interval Between Conset and Death		
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To the Hospital or Attending Physician: initing 24 hours eller death To the Funeral Director: After this certific completely filled in by the funeral director,	edical	29e. Certifier Check only one) Certifying Pl	nysician: To the best of miner: On the basis of end menner sta	examinetion en	deeth occurred dor investigation	ef the time, in my of	ne, dete end piece, pinion, deeth occurr	end due to the ed et fhe fime	e cause(s) end , dafe end pied	manner es st e, and due to	eted. the ceuse(s)	
To t	Σ	29b. Signeture and tribe of cartifier	Medial	Specis	aliet 29	C. License	45281	5	29d. Date sig	ned (Month, I	Day, Year)	
Q		30. Name and address of person who	completed cause of d	eeth (item 23e)	(Type, Print)	dea	Ba	Uma	ie h	10		
Sta Registr		31. Dete filed (Month, Day, Yeer) SEP 1 7 1996	A. Registro	or's mound			350		6			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
PERSONAL REP. FILM G-741 11/19/96 t. State of Maryland / Department of Health and Mental Hygiene 96 27548 Certificate of Death ITEM: 1 per M.D. G-739 9/17/96 reb 1 excedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** SEPT 2/35 ACCES /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Union Memorial UNION HOSPITAL OF CECIL COUNTY E1kton Cecil If Under 24 Hrs. Min. If Undar 1 Year 7. Age (In yrs. lest birthday) Social Security Number 163–38–8933 8. Data of Birth (Month, Day, Year) Birthpiaca (State or Foreign Country) **Funeral** 1 □ M 21 F 49 Yrs. Director unknoun Oct. 28, 1946 Pennsylvania Usual Residence of Decedant death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tiem 27 is marked other than "natural", or items 23s or 28s-f show other trsumeds event, the Medical Examinar must be notified at CECIL Director 1 ☐ Yes 2 ☐ No Maryland Baltimoe Perryville 10e. Street and Number 10g. Citizen of What Country? 10f. Zlp Code 1577 Carpenters Point Road 21903 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2X No If Yes, Give Year or Dates: altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry pernit. Pages 1 and 2 should be filed within : Deportment of Health and Mental hygiene. Important: If item 27 is marked other than "r any injury or other traumatic event, in a Heal Elamentary/Secondary (0-12) College (1-4or 5+) Substitute Teacher Education 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumama) Be Stephen Suroviec Anna Ceprish 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Dennis Zetts/brother SPOUSE 1577 Carpenters Point Road, Perryville, MD 21903 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation_5 □ Other (Specify) 21. Signature of Fugeral Sarvice Licensee 22. Nama and Address of Facility Director Ronald S. Wade State Anatomy Board, 655 West Baltimore Street Baltimore, Maryland 21201-1559 Baltimore, Maryland 21201-1

234. Pint. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Must. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final ANOXIC ENCEPHALOPATHY disease or condition resulting in death) Examiner VENTRICULAR TACHY CARDIA

Due to (or as a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last ARTERY DISEASE CORONARY P.O. Box 68760. Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes XX No 3 Probably 4 □ Unknown escudent Records, þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed peen has page 2 certificate 1 ☐ Yas 2 ☐ No Division of Vital the Hospital or Attending Physician: nin 24 hours aftar death. the Funeral Director: After this certifica 25. Was case refarred to medical Be 26. Place of Death (Check only one) examiner? Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. Manner of Death Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No in by the 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier Medical 29b. Signature and titleyof certifiar 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

SEP 1 7 1996

CHRISTOPHER

31. Data filed (Month, Dey, Year)

WENDEL, MD G

32. Registrar's Signatura

Fishin, Javidson, Jonatora

G-38 OMEGA DR

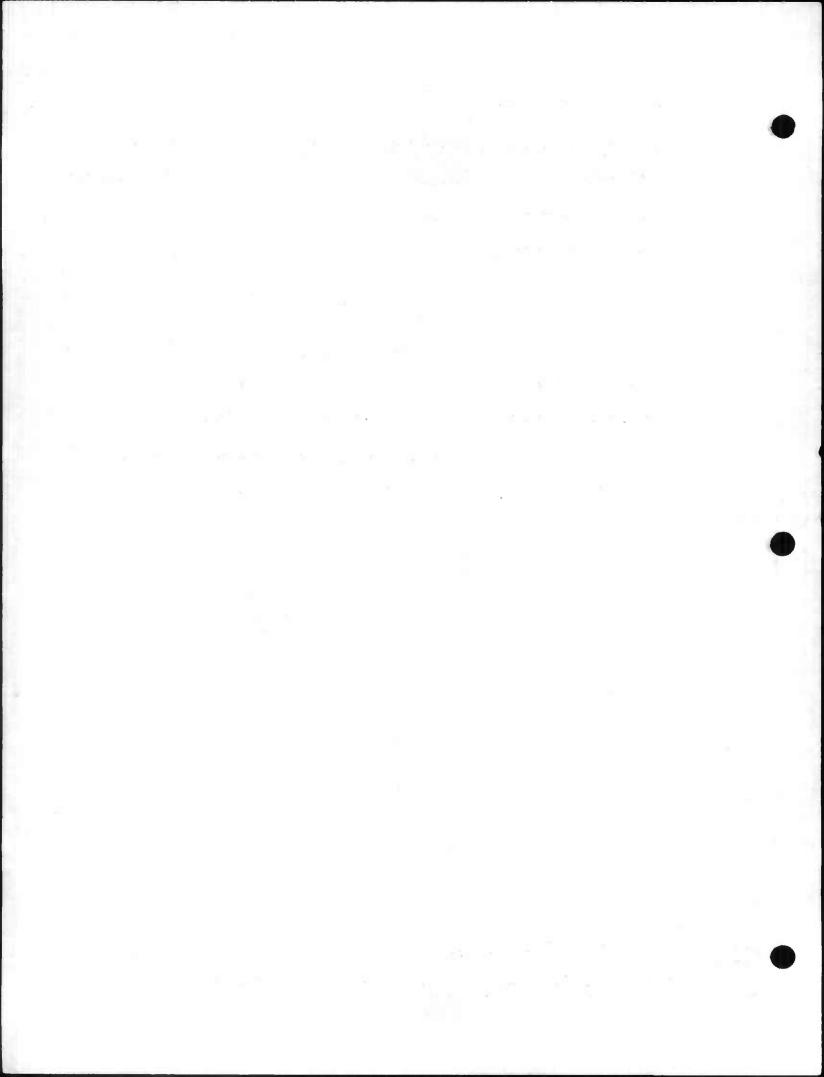
State of Maryland / Department of Health and Mental Hygiene

27549 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Day 12, 1996 Month **Physician** Henry, Zukowski September 5:40 PM /Medical 4e. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner University of MARYLAND Medical SYSTEM Baltimore Baltimore 5. Social Security Number 6. Sex 1 M 2 □ F 7. Age (In yrs. lest birthday) If Undar 1 Year | If Under 24 Hrs. 8. Dete of Birth | Months | Days | Hours | Min. (Month, Day, Year) Birthpiece (Steta or Foreign Country) **Funeral** 212-10-1928 AUGUST 29, 1918 Maryland Director Usuel Rasidence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Madical Examiner must be notified at Baltimore Md. **EaSTWOOD** 1 ☐ Yes 2 ☑ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ŏ 7269 Bridgewood Drive 21224 USA Items 23a Funeral 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No W.W.2 If res, Give Yaar or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Bleck, White, etc. 11. Meritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after c Department of Haath and Mental Hygiene. Important: If them 27 is marked other than "natural", or item any injury or other traumatic event, the Mental on the page. 1 ☐ Never Merried 2 ☐ Married White 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest greda completed) 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) College (1-4or 5+) Baltimore City Police Officer 8 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be Stanislaus Zukowski Leontina Unknown 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 7269 Bridgewood Drive Balto., Md. 21224 19a. Informent's Neme/Reletionship (Type, Print) Edna M. Zukowski, Wife 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece)

Sacred Heart of Jesus Cem 9-16-96 Dundalk, Md. 20a. Mathod of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Ramoval from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licensee 22. Neme end Address of Facility Charles S. Zeiler & Son Inc. 23a. Part 1. Entar tha diseesa, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heer feilura. List only one ceuse on aech line. Approximete Interval Between Onsat and Death **Physician** Immediete Ceusa (Final disaase or condition rasulting in deeth) /Medical CardiomyoPATHY Examiner 1 month Cerebral Vascular Accident The lew requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events rasulting in daeth) Last and Division of Vital Records, P.O. Box 68760, attending physician for usa as the buria Physician/Medical the Due to (or es a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 TYes 2 No 3☑Probably 4☐Unknown CONGESTIVE HEART Failure Completed by 8 24b. Ware autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? peed 1 Vas 2 TVO 1 ☐ Yes 2 ☐ No certificata if or Attending Physician: after death. 8 25. Wes case referred to medical 26. Piece of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify) ို 1 ☐ Yes 2 ☑ No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? Medical Certification: 28d. Describe how injury occurred After 5 Pending investigation 1 Meturel 24 hours after death.
Funeral Director: After ataly filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28a. Pleca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledga, death occurred et the time, dete and place, end due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to tha cause(s) end mennar stated. 29e. Certifier complataly To the Ho within 24 I To the Fu 29b. Signature end titla of certifiar 29c. Licansa numbar 29d. Date signed (Month, Day, Year) AU4176435 S8625 September 12, 1996 30. Neme and addrass of person who completed cause of daath (Item 23e) (Type, Print) University of MaryLand Medical SYSTEM ZIVa Stauber 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) State JET 17 1996 Registrar

DHMH 16 Rev 6/95



Physicia /Medic Examine

Funeral Director

ITEM: 7. PER F'.H. F'ILM Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible.

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partment of Health and Mental Hygiene	96	2	1	5	5	U

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						40. Ony, 10	WII., OF E.	DOGINON OF DEGIN	46. 0	ourity of	Death	
		s Medical (W10.75.75		Balt	imore, 0	0		imore	
Social Security		8. Sex 7. A	ige (In yrs. last b		If Under 1 Yes Months Day		Min.	8. Date of Birth (Month, Day	Year)	9	Birthplace (State or Foreign
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Isuei Residence					11/-			5,10,				
0a. State	10b. County		10c. City, Tov	wn or Loca	ation						10d. In:	ide City Limits
Md	Baltin	nore	TOWSON								10	Yes 2 No
0e. Street and N		MOTE			10f. Zip Code			1	Ing Citiza	an of Who	at Country?	X
		ADADDA D. A							rog. Onze	311 01 11110	accountry	
8029 Y	ork Rd	APARTMENT B 4	-		2	21204				USA		
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3 D Widowed	4 Divorced	If Yes, Give Year or Dates:		11.	⊥Yes 2∐N	o Specify:			5	pecify:	Caucas	Lan
11177	15. Decedent	a Education	164	a. Decede	nt'a Usuel Occ	upation			18b King	of Rusia	ness/Industry	
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EORGE CA	ARL MAHON	EY				100			REMLS			
9e, informant'a l	Name/Relationsh	ip (Type, Print)	19	b. Meiling	Address (Stre	et and Numbe	er or Run	al Route Numbe	City or	Town Str	ate Zin Code	1
	ZIMMERMAN											
NILLIAND .	/ HALL LANGEN		(C)	man vr	מאסת אחר	ADADDA	AIT D		A BAAT		04004	
		(HUSBAND)				APARTM	ENT B	4 TOWSO		?YLAN		
	isposition		20b. Piace	of Disposit	THE ROAD tion (Name of atory or other p		ENT B	4 TOWSO		?YLAN	21204 fy or Town, St	ate
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To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlat-transit physician and s the burial-transit Be Medical Certification: To

25. Was cese referred to medicei examiner? 1 ☐ Yes 2 ☑ No 27. Manner of Death

5 Pending investigation 8 Could not be determined

Hospital: 1 ☑ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

28b. Time of injury 28e. Place of injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

26. Place of Death (Check only one)

29a. Certifier (Check only one)

2 Accident 3 Suicide

4 Homicide

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and piace, and due to the cause(a) and manner as stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and menner stated.

29b. Signature end title of cartifier

29c. License number

29d. Dete signed (Month, Dey, Year)

21204

30. Name and address H

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9/11/96

28f. Location (Streef and Number or Rural Roufe Number, City or Town, State)

ss of person who completed cause of deeth (Nem 23a) (Type Print) Biddison, M.D. 7401 Osler Drive, Suite 212, Baltimore, Md. 31. Date filed (Month, Day, Year)

32. Registrar's Signature

SEP1



State

Registrar

Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland ment of Heelth end Mentel Hygiene.

ant if Hem 27 is marked other than "natural", or items 23s or 28s-f show my or other traumatic event, an Medical Examinal must be notified at Haltimore, Maryland 21215-0020

> Physician /Medical Examiner

Division of Vital Records, P.O. Box 68760.

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State of Maryland / Department of Health and Mental Hygiene

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 724 hours after death. Page 6 may be retained by the hospital or attending physician.

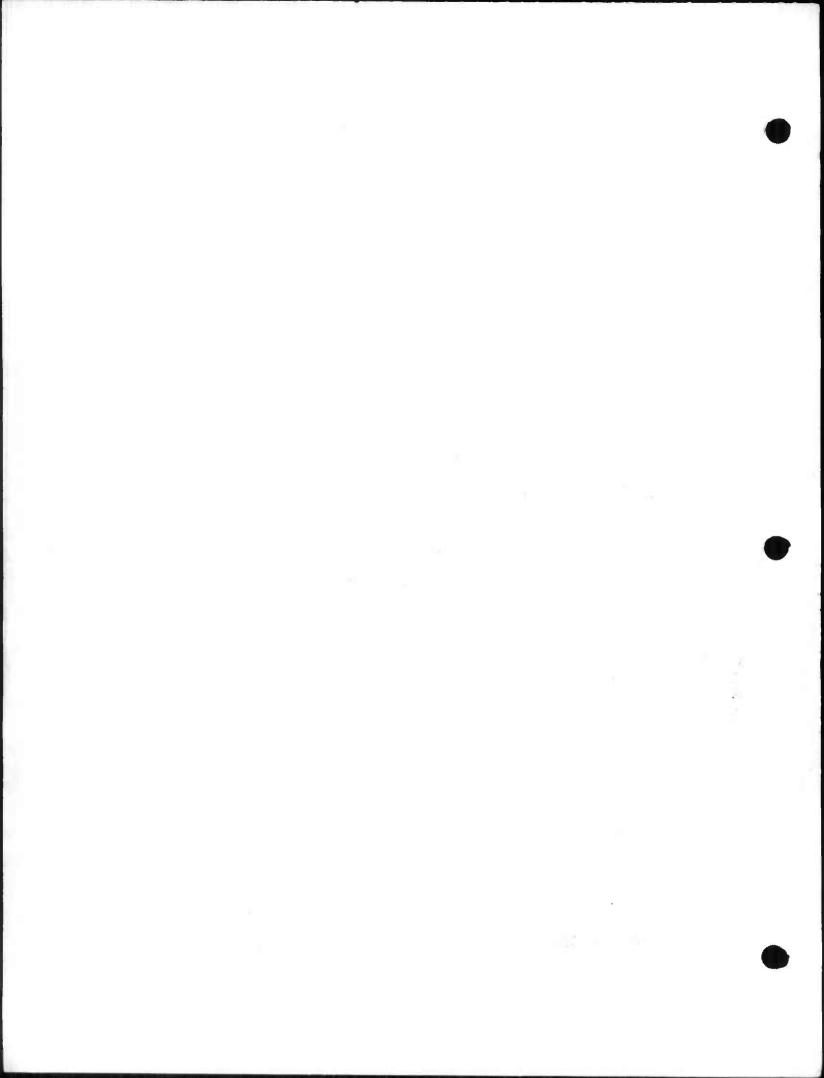
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR
1		STATE
8	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Eleanor	garet	t Algieri					August 30,	1:13 PM M				
	4. SOCIAL SECURITY NUMBER	5. SEX	t birthday)				R 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
		1 □ M 2 😾 F		MONTHS	DAYS	1101100 1001		July 20,19	11/	Countr	aryland		
	214-07-3767 9e. FACILITY NAME (If not institution, give s	82		AL DIEV	20000000	2010017	1011 00 01			NTY OF D			
~			96. CITY, TOWN OR LOCATION OF DEATH Cumberland Allegan										
0	Devlin Manor Nur		C	У									
DIRECTOR	10e, STATE 10b, COUNTY	10c, CITY	r, TOWN O	R LOCA	TION					10d. INSIDE CITY			
<u>E</u>	Md. Alle	LIMITS?											
	10s. STREET AND NUMBER								1 YES 2 NO				
A		101. ZIP CODE						107 THE SEC. ASSESSED IN COLUMN					
FUNERAL	515 Sheridan Pl	21502						U.S.A.					
3	1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	2 NO It yes, specify Cuban, Maxican, Puarlo F						Rican, etc.) Black, White, at			
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	1 ☐ YES 2 📆 NO Specify: Specify:							hite		
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	USUAL OC	CUPATI	ON		16b. KIND OF BUS	UNESS/INC		III CC	
COMPLETED	(Specify only highest grade	completed)	(G	ive kind of w Do NOT us	vork done d	during me	ost of work	ing	1000 11110 01 000			1	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Housewife								
₹	17. FATHER'S NAME (First, Middle, Last)												
	Joseph		Lindne			h a							
8	19a. INFORMANT'S NAME (Type/Print)				4000500	/Ctmnt			eth Route Number, City or Tow		Knoc	ne	
2												0	
	Patsy Algieri								umberland,				
	ty Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACE cemetery, cre	emetory or of	ther placel								
	4 Donation 5 Other (Specify)	OFNOTE.	Hiller	rest					ot.3,1996 (umbe	rlan	d, Md.	
	21. SIONATURE OF JUNE AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Morritt Adams. Fundral Home												
	Merritt-Adams Funeral Home 404 Decatur St. Cumberland, Md. 21502										. 21502		
	23. FANT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximata												
	ahock, or heart failure. Liet only one ceuse on each line. Interval Between Onset and Death										Onset and Death		
	disease or condition 2									111			
	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										1 stor		
-	- C. L. T. Marine												
ō	Sequentially list conditions,	DUE TO	OR AS A CONSE	OUENCE OF	F):	1		(Var	rec			The	
CERTIFICATION	Cause. Elitar OnDentring										20 m		
FIC	CAUSE (Disease or Injury that initiated aventa	CAUSE (Disease or Injury											
F	resulting in death) LAST	ù.											
S		0.											
									Pert I. 24a. WAS AN PERFOR		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL	COPD									COMPLETION OF CAUSE OF DEATH?			
JE .												1 _ YES 2 _ NO	
	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF DEA	ATH YE	S 🔲 I	NO [JUN	CERTAI	ND				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLA	CE OF DEAT	TH (Check	only one)						
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant :	3 DOA	OTHE!		me 5 🗆 1	Reeldence	6 Other (Specify)				
H	27. MANNER OF GEATH	28s. OATE O		28b. TIM			JURY AT		28d. OESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending Investigation	(MORITI,	Day, Year)	1617	JURY M		YES 2	□ NO				1083	
ВУ	2 Catalda	oma, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,							Route Number,				
	4 Homicide 8 Could not be determined	building	, etc. (Specify)						City or Town, State)				
COMPLETED	29a, CERTIFIER												
MP	enel								e to the cause(s) and me				
00	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	IR A					29c. LI	CENSE NU				(Month, Day, Year)	
	ayou	- ne /	ma				170)17	565		8/31	196	
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	JSE OF DEATH (ITE	ЕМ 27) (Тура	, Print)			_			-		
	A. J. Bollino	MD 7	55 Fro	edeni	· cv	9	+	()	mg-er 12 n	4,	/1	1,21505	
	31. DATE FILED (Month, Day, Year) SEP 0 3 199	3 PEGISTA	AR'S SIGNATURE	rhall									
	SEP () 3 199	James a		Part Sand									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificat	e of	Death		R	leg. No.								
D	املميما		1. Decedant's Nama (First, Middla, I	.ast)							2. Data of Dea	th	Vees	3. Tima of Death						
	hysici /Media		Carlos	orth	ANDREWS					Septemb	per 1.	1996	6:30am							
	xamir		4a. Facility Nama (If not institution, g)	4b. City, Town, or L								1991257							
		_	College View (1	Frederick Frederick											
2000	nerai ector		214-10-1917	Sex 7. A(12 F	ge (In yrs. last bi	rthday) Yrs.	If Undar Months	1 Year Days	If Undar Hours	Min.	8. Data of Birth (Month, Day Sep 25,	1900		place (State or Foreign try) Tyland						
and		14	Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, Tow	m or Loc	cation						1	Od. Insida City Limits						
he Mary	ourled a	Director	Maryland Frederi	.ck	Fred		ck							1 ☐ Yes 2 🕱 No						
ath with 1	aut be n	rai Dir	10e. Street and Number 8115 Ball Road	_			10f. Zip		21704		1	10g. Citizan of What Country? U.S.A.								
21215-0020 d within 72 hours after death with the Maryland glane.	the Medical Examiner must be notified at	by Funerai	11. Marital Status 1 Never Marrlad 2 Marrled 3X Widowed 4 Divorced	12. Was Decedant Armad Forces 1- Yes 2 If Yas, Giva Yaar or Datas:					Ilspanic Orl an, Maxicar Spacify:		ecify Yea or No- Rican, etc.)		ce - Amaric ck, Whita, by: Wi							
5-0 72 ho	dical	Completed	15. Decedant's l (Specify only highast g	Education		Deced	ant's Usua	il Occup	ation during mos	t of work	ina	16b. Kind of B	usinass/In	dustry						
vithin ane.	a Me	mpl	Elamantary/Secondary (0-12)	College (1-4or	5+) M	lifa. D	O NOT us	a ratire	d)	i or work	n'ny	Descri								
2 012		၀	17. Fathar's Neme (First, Middla, Las	(t)	PI	aciii	ine 0	bers		are Name	a (First, Middle,		h Fac	tory						
Maryland 10 2 should be file Ith and Mantal Hy 77 is marked only	2 6	To Be	Unknown	7					_	nie	a (1 110s, 111100se, 1	FIERGER SUFFIE	BUT	TS						
2 sho	or other traumetic		19e. Informant's Name/Relationship		195	. Mailin	g Address	(Street	and Numb	er or Rure	al Routa Number	r, City or Town	, Stata, Zip	Code)						
	her tr		George F. Freed/	Nephew	20b. Placa 0	623	Boul	der	Stree	et, S				ia 22151						
Pages ent of	ury or o		20a. Mathod of Disposition 1 ☑ Burlal 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		Mt O1	ry, cram	atory or or	thar plac		4,		20c. Location Freder		Maryland						
Baltim permit. Pa Departmen	any injury once.		21. Signature of Funaral Sarvice Lice	insaa		22.	Nama and	d Addre	ss of Facility	ord	P.A. Fu	neral 1	Home							
	6 0		Hetch how	Kobusen	M00706	10)6 Ea:	st (Church	St,	Freder	ick, M	aryla	nd 21701						
Physi	cian		23a. Pen 1. Entar the disease, or cor shock, or heert fature. List ont	/ ona causa on aach li	na.									Approximeta Intervel Between Onset and Deeth						
/Med Exam	dicai		Immedieta Causa (Final disease or condition	Em	rocaul	ul	lu	ha	utor	ı			1,3	1 h°						
LAGII	in ici	_	resulting In death)	0	Dua to (or as a	consequ	ance of):(10			25	AUX							
petn	ansit	Examiner		b. Hell	blosele	40ti	10	Cen	nio	ane	nler o	unelo.	N. V.	grans						
O, exec	ırial-tr										200									
x 68760, ertificate be executed	s the burial-transit	edicai	Cause (Disease or injury that intlated avants rasulting In death) Last Dua to (or es a consaquence of):									V								
X 6 Sertific		Me										15.								
death death e	lor u	Physician										62	5							
0 9 5	detached	ysi	Part II. Other significant conditions	contributing to death b	ut not rasulting in	n the un	darlying ca	ause giv	ran in Part I	•	23b. Dld to			the cause of death?						
S, P.	be deta	by Pt	tracture pe	Reft.					1 T	Yes 200No 3 Probably 4 Unknown										
COFC	should			Completed t					U								24a. Was a perform		ava	ara autopsy findings allable prior to mpletion of causa
	age 2	dwo									1 🗆 Ye	as 2 No		deeth? ☐ Yas 2☐ No						
	director, page		25. Wes casa rafarred to medical						26 Place	of Death	(Check only on	~		J185 2 10						
Of Vita Physician: this certific		To	examinar? 1 X Yas 2 □ No	Hospital: 1 ☐ Inpatie	int 2□ER/Ou	tpatient	3□ DO	A Oth	or:		ma 5 Reside		ar (Specifi	y)						
ng Ph			27. Mannar of Deeth 1 □ Natural 5 □ Panding	28a. Date of Inju (Month, Da		Tima of njury	28	Bc. Injur			28d. Dascribe ho									
VISION Attending or death.	the	cati	2⊠ Accident Investigation 3 ☐ Suicide 6 ☐ Could not I	MUGON		-00 F	4 M		Yas 212					ed to WALK						
= 525	in by	Certification:	4 Homicida datarmined	building, at							, City or Town	n, Stata)	Der or Rura	Route Number,						
spital sours	/ filled		29a. Certifying P	COLEGE hysician: To the best	of my knowledge	death	V4 HO	t the tin	na data an	d plece	400 North	auso(s) and m	ever	2102 111D						
To the Hospital or within 24 hours at To the Funeral D	completaly filled in	edical	(Check only one) Exa	miner: On the basis of end manner sta	axamination an	d/or inve	estigation,	In my o	plnion, daa	th occurr	ad et the tima, di	ata and place,	and dua to	tha cause(s)						
To the To the	Eoo		29b. Signature and title of certifier	1000 B			29c.	Licans	a number		2	9d. Date algne	d (Month, I	Day, Year)						
			·	M	NVD		D	180	063			Separ	3,3	6						
			30. Name and address of person who	completed cause of d	eath (Item 23a) (Type, P	rint)	OCL	House	a A	UE FRO	DERII.	RMI	0 21701						
Ro	Stat gistra	•	31. Data filed (Month, Day, Year) SEP 0 4 199	G 32 Registr	r's Signatura	11-11					- 0 2									
110	3,011		OLI U # 100	V		- anne	74													

State of Maryland / Department of Health and Mental Hygiene

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27554

					,	Cer	tificate	e of	Death		Reg. No.			_ 100												
			1. Decedent's Nema (First, Middle, L						2. Dete of D	Death		3. Time of Death														
Physi /Med Exam			NI	RIE	AMB	USH				Month Dey Ya			4:00 A.M													
			4a. Facility Name (If not institution, gi			0011		4b. City, Town,	or Location of Dec				4.00 11.11													
			201 Madison S	St / Ant	92				Frede	rick,	Fre	deri	ck													
Т	Funerai		E Copial Copyriby Number C	Cou 7 Ame	(In yrs. last bi	rthday)	If Undar		If Undar 24	Hrs. A Data of F	tirth			ce (Stata or Foraigr												
3	Director	219-66-8442 Usuel Residence of Decedent																								
	yland Mow		10a. Steta 10b. County 10c. City, Town or Location										100	d. Inside City Limits												
	Man	tor	Maryland Fro	ederick	F	rede	rick							1 Yas 2 No												
	r 284	Director	10e. Street and Number				10f. Zip	Code			10g. Citize	n of Wha	t Countr	y?												
	h wit		201 Madison St.	/ Apt. 92			21	701			United States															
5-0020	deed	Funeral	11. Merital Stetus	er in U,S.	13. W	Ves Deced	ent of I	lispenic Origin	(Specify Yas or Nuerto Rican, etc.)	No- 14. Race - Ame			n Indian,													
	s 1 and 2 should be filed within 72 hours after deeth with the Maryland I Health and Mental Hygiene. If Health and Mental Hygiene. Item 27 is marked other than "natural", or Items 23s or 28e-f show other trsumatic event, the Medical Engineer must be notified at	by	1 Never Married Married 3 Widowed 4 Divorced	Armed Forcas? 1 Yes 2 N If Yes, Give Year or Detes:	o		☐ Yes 2			uerto Hican, etc.)				, White, etc. Black												
o O	72 ho	ted	15. Decedent's E (Specify only highast gi	Education	18a	Deced	ent's Usue	Occup	ation	inald bila	16b. Kind	of Busine	ess/Indu	istry												
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aryland	tal H d off	Be	17. Fether's Neme (First, Middla, Las							Name (First, Midd	le, Meiden Si	umeme)														
<u>X</u>	should be fand Mental Is marked of	2	Charles		yles				He]				Hackey													
<u>a</u>	2 sh and is m		19e. Informent's Neme/Reletionship	. ,	198			•		r Rural Route Num																
di di	1 and Health em 27		Bernard E. Ambus	n, Sr.	lant at				St./ A	Apt.92 /																
OE I	Pages 1 and nent of Hee nut: If Item		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 [position Cremetion 3 Removei from State			f Disposition (Name of ry, crematory or other pla		ce)	Dete	20c. Loca	ation - City	y or Tow	m, State												
	men ant:		4 □ Donation 5 □ Other (Spec		Fair		Ceme			8-31-96	Fred	leric	k,Ma	aryland												
	permit. Pages Department of Important: If it any injury or one		21. Signeture of Funerei Service Licensee 22. Nama and Addrass of Facility Stauffer Funeral Home										me													
	00540		Raymon	Veter	ses0	16	21 Or	oss	umtown	Pike/ Fr	ederic			1702												
			23a. Part1. Enter ma disaasa, or conshock, a beert feilure. List only	nplications that caused y ona cause on each lin	the deeth. Do	not ante	r the mode	e of dyli	ng, such es car	diec or respiretory	arrest,			Approximata ntervel Between												
Y	Physician		Immediate Ceuse (Finel diseasa or condition										Onset and Deeth													
	/Medical Examiner												24-18													
Н	LAGITITICI	L	resulting in deeth)		Due to (or as a	consequ	uence of):						1													
	g #	Examiner			100			140	رم بسد و	w.	65		i													
	law requires that the death certificate be executed es been signed by the attending physician and 2 Should be detached for use as the burlal-transit	хап	Sequentially list conditions, Dua to (or es e consequence of):																							
60,	cian ouria		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	C	5	6	0 /	1000			4	1 mo														
68760,	ohysi the	edical	thet initiated evants resulting in death) Last Dua to (or as e consequence of):																							
-	Se as	Me	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to									i														
Box	es that the death cer igned by the attendir be detached for use	lan										i														
o	ped:	ysk										se contrit	contribute to the cause of death?													
P. O.	that the delay						1[Yes 2	2 No 3 Probably 4 Unknow																	
d S	sign d be	Completed by									eted by											240 14/	is an autops	. 2	4h Wer	e autopsy findings
Records,	v require been si should I																						formed?	, .	avall	lable prior to
ě	hes t																of de	eath?								
<u></u>	: The cate h; page									10	1□Yas 2□No		10	Yas 2□ No												
	cisn	Be	25. Wes case referred to medical examiner?	Hospital				011		Deeth (Check only	one)															
5	Physicism: The la tribis certificate her aral director, page 2	မ	1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpatlent 3 DOA						ner: 4 🗆 Nursir		sidence 6		Specify)													
Division of Vital	D 2 2	Certification:	27. Manner of Deeth 1 Setural 5 Pending 2 Accident investigation		Time of Injury	M 2	8c. Injui Wo 1 □	ryet rk? Yes 2 ☐ No	28d. Describ	Describe how injury occurred																
	- 2	ertific	3 Suicide 6 Could not I determined						on (Street and Number or Rural Route Number, r Town, Stete)																	
	To the Hospital o within 24 hours at To the Funeral DI completely filled it	edical C	(Check only 2 Madical Exa	hysician: To the best of miner: On the basis of	axamination an	e, deeth	occurred a	at the ti	me, dete end pi ppinion, deeth c	lece, end due to th	e causa(s) a a, date and p	nd manne lace, and	er as stat	ted. he cause(s)												
	ithin i the xmple	Med	one) 29b. Signeture and title of certifiar	and manner stat	.De		290	Licens	se number		29d. Date	signed //L	fonth D	av. Year)												
	F 3 F 8		Control and on continuar	7/	_		200																			
				Last Care	7			D	14626		Augu	ıst 2	28,19	996												
			30. Neme and addrass of person who																							
			P. Gregory Rau:	sch, M.D.	501 We	est	/th S	st./	Freder	ick, Mar	yland	217	01													
	Sta Registr		SEP 0 9	1996	's Stoneture	Ren	Lette																			
	- negisti	444	SEP U 9	200			- model																			

State of Maryland / Department of Health and Mental Hygiene

							Cer	tificate	e of	Death			Reg. No	0.		
	Physic	ian	1. Decedent's Neme (First, Middle,	Last)								2. Date of D	eath De	av	Year	3. Time of Death
	/Medi		RUSSELL ROLAND									AUGU:	57 3	30	1996	1630
þ	Exami		4a. Fecility Name (If not institution,							-		ocation of Dea	th 40		y of Death	
Ш			DORCHESTER GENE				2-4441	If Under	1 Voor	CAMBR					ESTER	
ı	Funeral Director		5. Social Security Number 220–10–6767	i.Sex 1∭0 M 2□ F	7. Age	(In yrs. lest b	Yrs.	Months	Days		Min.	8. Dete of B	orth by, Year	20	9. Birthpl	ace (State or Foreign try)
			Usuai Residenca of Decedent		1	7.5						AUG. 2	1,19	20	MAKI	LAND
	show		10a. Siele 10b. County		1	IOc. City, To	vn or Loc	cation							10	Od. Inside City Limits
	Mer	to	MARYLAND DORCHES'	rer	- (CRAPO										1 ☐ Yes 2 No
	or 28	Director	10a. Street and Number					10f. Zip	Code				10g. Ci	itizen of	Whai Coun	try?
	23a	la	3244 ROBBINS RO	AD				216	526					USA		
	r deg	Funeral	11. Maritei Stetus	12. Was Dec Amed F	orces?		13. V	Vas Decede Yes, speci	ent of ify Cut	Hispenic Ori can, Mexicar	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0-		ce - America	
20	n 72 hours after death with the Meryland "natural", or itema 23a or 28a-f show rolded Examiner must be notified at	by F	1 ☐ Never Married 2 ☐ Merrie 3 ☒ Widowed 4 ☐ Divorced	1 🔯 Yes If Yes, G	2 No			☐ Yes 2						Specif		
8	hour tural		15. Decedeni's	Year or I	Jates: V	WII	Doord	ontin House	Occur	nation			105 6	Clark of D		
Maryland 21215-0020	c .	Completed	(Specify only highest	grade completed)			(Give I	ent's Usua kind of wor OO NOT us	k done	during mos	t of work	ing			Susiness/Ind ATION	
212	filed within Hygiene. Afher then	E O	Elementary/Secondary (0-12)	Coilege ((1-4or 5+)		INSM			,				PAIR	ATTON	AND
b		BeC	17. Fether's Name (First, Middle, La	st)						18. Mothe	er's Nam	e (First, Middle			ne)	
/a		ToE	WILLIAM WILSON	ABBOTT						ADDI	Е ВА	MBLE				
an	d 2 should Ih and Men Y Is marked traumatic		19e. Informant's Name/Relationship				b. Mailin	g Address	(Stree	t end Numb	er or Rur	al Route Numi	ber, City	or Town	, State, Zip	Code)
	Heeith Ham 27 other tr		DANIEL MARTINEK /	BROTHER-	-IN-L					ISLAN	ND RO	DAD, VI	ENNA	, MI	2186	59
ore	2 2 2 8		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3	☐ Removei from	State	20b. Placa cemete		sition (Nem letory or ot		ace)	-	Date	20c. L	ocation	- City or To	wn, Stale
Ë			4 Donation 5 Other (Spe	cify)) 1	MARTI	NEK	FAMI	Y	CEMETI	ERY !	9/1	ELLI	TTO	ISLA	ND, MD
Baltimore,	Depart Depart Import any inj		21. Signature of Funerei Service Lie	epste	110	1	ZE	Name and LLER	Add:	ess of Facili	НОМЕ	, 106	MAIN	STF	REET,	
_	auzea		Jonous	De	jece	~	P.	O. E	OX	207,	EAST	NEW M	ARKE			31
		1	Part Enter the disease, or or heart tailure. List	implications that ly one cause on	caused the	e death. Do	not ente	r the mode	of dy	ing, such as	cardiac	or respiratory	arrest,			Approximate Interval Between
	Physician /Medical		Immediate Cause (Final												1	Onset and Death
	Examiner		disease or condition resulting in death)	a	~	come	w									7 nonths
	10.00	ē			b i	ue to (or as a	consequ	uence of):							l	
	betu d ansit	Examiner	Commente the New conditions	b	Di	ue to (or as a	0000000	10000000							1	
o î	exec in an	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			se to (or as a	consequ	derice or).							l I	
68760,	certificate be executed ding physician and sa es the buriel-transit	edical	Cause (Disease or Injury that initiated events resulting in death) Lest	C	Du	e to (or as a	consequ	ience of):							-	
	ng ph	/Med	resulting in death) Lest			•	·	,							į	
Box	- 63			d												
C.	The lew requires that the death sta hes been signed by the etter page 2 should be detached for i	Physician	Part ti. Other significant conditions	contributing to d	leath but r	not resulting	in the un	derlying ca	use gi	ven in Part i		23b. Dtd	tobacco	o uss co	entributs to	the cause of death?
P. 0.	hat the		COPD, on	eumon	14	NT	N					19	Yss 2	2 No	3 Prob	ably 4 Unknow
ds,	signe d be	1 by				1						0.4 144			Oah Ma	no autonou tindano
Ö	nbeu	etec										24a. Wa perf	s an auto ormed?	opsy	ava	re autopsy tindings illable prior to apletion of cause
Re	hes pe 2	Completed												_		leath?
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5	sicia certi	o Be	25. Was case reterred to medical examiner? 1 Yes 2 No	Hospitai:	Inpatient	0 □ EB/0			Ot	hor		h (Check only		a 🗆 🗆	/O - 14	•
ō	Physical dispersion of the second dispersion o	. To	27. Manner of Death	28e. Date	of Injury	28b.	Time of		ic. inju	4LI NU	1	me 5 Res 28d. Describe)
0	nding th. :: Afte	ation	1 Natural 5 Pending 2 Accident investigat	(Mon	nth, Dey Y	(ear)	Injury	М		ork?]Yes 2□				•		
Division of Vital Records,	After dea	11ce	3 Suicide 6 Could not determine	d Zoe. Plece	e of injury	- Ai home, f	erm, stre	et, factory,	office	2					ber or Rura	Route Number,
Ö	s afte	Certification:	4 nomicide	Dulid	ing, etc. ((эреспу)						City or To	wn, Stat	(e)		
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificata he completaly filled in by the funeral director, page	edical	29e. Certifier (Check only 2 Medical Ex	Physician: To the	best of n	ny knowledg	e, deeth	occurred a	t the ti	me, date an	d place,	and due to the	cause(s	s) and m	anner as st	ated.
	the H in 24 the F		one)	aminer: On the b	ner state	d.	IQ/OF ITIVE	esugation,	in my	opinion, dea	tn occurr	red at the time	, date an	o piace,	and due to	the cause(s)
	T with	2	29b. Signature and title of pertifier),				_	-	se number			1	,	d (Month, L	Day, Year)
			1001/	/ev~ "					57	749			8/3	30/9	16	
			30. Name and address of person wh		se of deal	th (Item 23a)	(Type, F	Print)	1	. 1	=+	~ ~~	211	. 7		
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State of Maryland / Department of Health and Mental Hygiene Q 6

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				•	Certific	ate of	Death	R	leg. No.	0	21000
	Dhuciei		Decedent's Name (First, Middle, Last	•	···			2. Date of Dea		Yeer	3. Tima of Death
	Physici /Medi		JASON	С.	BARLO	W SR.		AUGUST	28 19	96	10:08 PM
	Examir	er	4a. Fecility Neme (If not institution, giv. PHYSICIANS MEMORIAL)				4b. City, Town, or L LAPLATA		4c. County CHARL	ES	
	Funeral Director		5. Social Security Number 6. S 423-12-0605 Usual Residence of Decedent	7. Age (In yrs. la	st birthday) If Ur Yrs. Mont	ths Deys		8. Date carried (Mor 1)	, Year)	Cour	erdale, Ms.
	yland		10e. State 10b. County	10c. City,	Town or Location					1	Od. Inside City Limita
	Ba-f.s	Director	N.J. Merce		Trenton						No Yes 2□No
	vith th	Dire	10e. Street and Number		10f.	Zip Code		1	Og. Citizen of \		ntry?
	eath v	erai	328 Brunswick Ave	PNUE 12. Wes Decedent Ever in U,S	12 Was D	anaidant id l	08 5 18			S.A.	and address
21215-0020	a 1 and 2 should be filed within 72 hours efter death with the Maryland I Health and Mentel Hygiene. The T is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Exacurate must be notified at	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		apecify Cub	Hispanic Origin? (Spean, Mexican, Puerto Specify:	Rican, etc.)	Blac	e - Americ ck, White, '' Blac	etc.
2-0	72 h	Completed	15. Decedent's Ed (Specify only highest gra		16e. Decedent's U	Jsuel Occu f work done	pation during most of worked)	king	16b. Kind of B	usiness/In	dustry
121	be filed within tell Hygiene. d other then " event, tre Me.	du	Elementery/Secondery (0-12)	College (1-4or 5+)	Machin		*		Contain	om Mi	
d 2	buid be filed with Mental Hygiene, arked other ther atic event, the	e Co	17. Father's Neme (First, Middle, Last)		Macriff	ie Obe	18. Mother's Nem		Contain Maiden Suman		gr.
Maryland	Aental Aental Aental Aental Aental	To Be	J.C. Barlow				Luvenia			1	
lan	2 should and Men is marks		19a. Informant's Neme/Reletionship (7	ype, Print)	19b. Meiling Add	reșs (Stree	t and Number or Ru	ral Route Number	r, City or Town,	State, Zip	Code)
	and ealth m 27		Jason Barlow Jr.		6161 Sea	Lion	Pl. Wal		d		
Baltimore,	00 - 5		20a. Method of Disposition 1		ce of Disposition (netery, crematory	(Name of or other pla	ace)	Dete	20c. Location -	City or To	wn, Stete
틆	permit. Pag Department Important: I any injury o		☐ Do etion 5 ☐ Other (Specify	Gree	enwood Ce			9-4-96	Hamilto	n Tw	o., N.J.
Ba	permit. Departr Importa any inji		21. Signature of Funeral Service Licen	· Maria			esa of Fecility		225 Cal	houn	Street
		-	23 Port Enter the disease or com	dications to the same	Cample	ell F	Tuneral Ch	napel _T	renton,	N.J.	08638
	Physician	9	234 Part1. Enter the disease, or comp hock, or heart failure. List only	one cause in each line.				or respiratory ari	est,	[Approximete Interval Between Onset and Death
	/Medicai		tmmediate Cause (Final disease or condition	Cano	11	To 5	leman				
	Examiner		resulting In death)	e. Due to (or	as e consequence		70011				
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_	cate be executed physician and the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate	Due to (or a	as a consequence	of):					
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687	ortificate be executed ing physician and a as the buriel-transit	Medical	resulting in deeth) Last	Due to (or e	s e consequenca	of):					
Box	h cert endin			d							
E	The law requires that the death ce tte hes been signed by the attendi page 2 should be detached for use	Physician/	Part II. Other significant conditions co	ntributing to death but not resuit	Ing In the underlying	ng cause gi	ven in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of death?
0.0	d by ti	Phy						1□ Y	08 2 NO	3 Prol	bebly 4 Unknown
S)	res tr signe	þ									
Ö	peen shouk	etec						24a. Was a perform		av	ere autopsy findings ellable prior to mpletion of cause
Ř	>	Completed							_/	of	death?
g			25. Wes case referred to medical				On Diagram of Daniel	1 O Ye		10	Yes 2□No
5	s cert direct	To Be	examiner?	Hospitel: 1 12 Inpatient 2 El	R/Outpetient 3	DOA Ot	28. Place of Deel	ome 5 Reside		er (Snecif	v)
0	Attending Physician: sr death. ector: After this certific by the funeral director.		27. Manner of Death	The second secon	8b. Time of Injury	28c. tnju Wo		28d. Describe ho			/
0	uttendir death. ctor: Af y the fu	catic	2 Accident Investigation		M		Yes 2□No			17	
Division of Vital Records,	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Pleca of Injury - At hom building, etc. (Specify)	e, ferm, street, fed	ctory, offica		26f. Location (St City or Town		er or Rura	I Route Number,
_	Hospital 24 hours a Funeral C stely filled		29a. Certifier 1 Certifying Phy	sician: To the best of my knowle	ada dash assur						
	Eun Pun eteky	edical	(Check only one) 2 Medical Exam	iner: On the basis of examination and menner steted.	n end/or investigat	tion, In my	opinion, death occur	red at the time, d	ete and piece,	and due to	the cause(s)
	To the To the comple	Me	29b. Signature and title of certifier			29c. Licens	se number	2	9d. Date signe	d (Month,	Day, Year)
			> much a 2	Rent (M)		D-2103	31	=	8/29	de	
			30. Neme and eddress of person who c			0 :	000 ****		1 00:00		
			Leatherwood, Michael 31. Dete filed (Month, Day, Year)			Suite	202, Waldor	i, Marylar	nd 20602		
	Sta Registra		SEP 0 6 19	32. Registrer's Signetu							
			011 00 13	Junt woman							

Registrar DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Tima of Death SEPT. 1, Day 1996 **Physician** WILLIAM BOWLING, SR. 1:40 PM **THEODORE** /Medical 4e. Fscility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner WALDORF HEALTH CARE CENTER WALDORF CHARLES if Undar 24 Hrs. Hours Min. 8. Deta of Birth (Month, Day, Year) 9. Birthpleca (Star Country) JUNE 24, 1910 MARYLAND 5. Social Security Number If Under 1 Yaar Months Days 7. Aga (In yrs. last birthdey) 9. Birthpleca (Stata or Foreign **Funeral** Days 1 M 2□ F Yrs 216-01-3747 86 Director Usual Residence of Decedani the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits itsm 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Modical Examinar must be notified at 1 Yas 2 □ No Director MARYLAND CHARLES BRYANTOWN 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code with 1 P.O. BOX 35 20617 UNITED STATES permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23s any injury or other traumatic avants. Funeral 12. Was Decedant Ever in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Biack, White, etc. 11. Maritel Stetus 1 Nevar Married 2 Married 1 ☐ Yas 2 No If Yas, Give Baltimore, Maryland 21215-0020 Specify: WHITE 1 Yas 2 No þ 3 Widowed 4 ☐ Divorced Yeer or Dates: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry UNITED STATES Elemantary/Secondery (0-12) Collega (1-4or 5+) 12 **POSTMASTER** POSTAL SERVICE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) Be HARRY R. BOWLING MAGGIE **MCPHEARSON** ို 19e. Informent's Name/Raletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) P.O.BOX 116 BRYANTOWN, MARYLAND 20617 PATRICK M. BOWLING / SON 20b. Pleca of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from Steta SEPT.4 4 Donation 5 thar (Specify MARY'S CEMETERY BRYANTOWN, MARYLAND 21. Signature of Fuettral Service License 22. Name end Address of Fecility THE HUNTT FUNERAL HOME, INC. P.O. BOX 156 WALDORF, MARYLAND 20604 BENJAMIN M. MATTHEWS M-00658 23a. Part1. Enter the disease, or complications thet caused the death. Do not anter the mode of dying, such es cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarvai Batween Onset and Death **Physician** Immediata Ceuse (Final disease or condition resulting in daath) /Medical Can cles 1 mont Examiner Examiner physician and the burial-transit that the deeth certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initioted events resulting in death) Last Dua to (or as a consequence of) Box 68760. Due to (or as a consequence of): attanding signed by the atta Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. Division of Vital Records, P.O. 23b. Did tojacco usa contributa to the cause of death?

Physician/Medical à Completed

2

Certification:

Medical

been si

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica

page 2 hes

funaral

tha

filled in by

1 Yaa 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed? 1 Yas 2 No

MC

24b. Wara autopsy findings systleble prior to completion of cause of desth? 1 ☐ Yes 2 ☐ No

25. Was case refarred to medical 1 Yas 2P No 27. Mannar of Deeth

28a. Data of injury (Month, Day Year) 5 Pending investigation 6 Could not be determined

Hospital:

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 26b. Tima of

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 26d. Dascribe how injury occurred

26. Place of Death (Check only ona)

26f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29e. Certifier

1 BNatural

2 Accidant

3 Suicide

4 Homlcide

1 Certifying Physician: To the best of my knowledge, daath occurred et the time, dete and piece, end dua to the causa(s) end manner as stated. 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner steled.

29b. Signature and title of certifie

SEP 0 6 1996

29c. Licanse number D 40479 29d. Deta signed (Month, Dey, Year)

30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print)

Robert L. Davison, Jr., 3075 Livingston Rd., Bryans Road, MD 20616 31. Data filed (Month, Day, Year)

State Registrar

32. Registrar's Signatura Whi Davidson Randall

26e. Pleca of Injury - At home, ferm, streat, factory, office building, etc. (Specify)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

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nysician			st)				10 1.40	2. Date of		16	3. Time of Death
Medica:	_	JAMES		Е	BRADY			Month SEPTEN	IBER 2	Year 1996	9:41 AM
xamine		la. Fecility Nama (If not institution, giv	a straat end number)				4b. City, Town, o			ty of Deeth	7.12.12
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eral tor	5	Social Sacurity Number 6. S		n yrs. last bir		Days		6. Date of (Month)	Birth Day, Year) 3-NOV-17	9. Birthp	place (State or Foreign dryland
, o	1	IOa. Stata 10b. County	egany	Oc. City, Tow	n or Location Frostburg)				1	0d. Inside City Limit
leted by Funeral Director	1	0e. Streat and Number 108 Bro	addock Road		10f. Zip	Coda	21532-		10g. Citizen of	What Coun	ntry?
by Filneral Director	2	11. Maritel Stetus 1 Nevar Married 2 Merried 3 Widowad 4 Divorcad	12. Was Decedant Eva Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Give Yeer or Datas: W	r in U,S.	13. Was Daced If Yas, spec		dispanic Origin? (an, Maxicen, Pua Spacify:	Specify Yas or irto Rican, atc.)	No- 14. Ra Ble Speci	ice - Americ eck, Whita, ify: W	
peted		15. Dacedant's Ed (Spacify only highast gra		16a.	Decedant's Usua	al Occup	petion during most of w	orkina	16b. Kind of 8	Business/Inc	dustry
Completed	5	Elementary/Sacondary (0-12)	College (1-4or 5+)	P	Decedant's Usua (Giva kind of wo lifa. DO NOT us Plant Mano	sa ratire I ger	d)	orking	beve	rage mo	anufacturing
To Be C	1	7. Fathar's Nama (First, Middla, Last) James A. Brady					18. Mother's Na Gen	ama (First, Mide	le, Meiden Suma lanning	ma)	
F		19e. Informant's Name/Ralationship (7	Type, Print) Wife	196	Mailing Address	Streat OCK	and Number or F	Rure/ Flourie Nur rosiburg	nber, City or Toyer	arylaria	1 ^{Coda)} 21532-
once.	2	0a. Method of Disposition 1	Ramoval from State	20b. Place of comatai	f Disposition (Nan ry, crematory or o cky Gap Vet	ne of other plai terans	ce) Cemetery	Dete 9/4/9	20c. Location	- City or To cerland	
	2	21. Signatura of Funaral Solvica Licen			22. Nama en Durst Fo	nd Addra	iss of Facility al Home, 5	7 Frost Av	e., Frostbu	rg, MD	21532
al er	0	mmedieta Causa (Final disaase or condition	Grand M.	al Coi						FTT	
n/Medical Examiner	S if	asulting in death) Gequantially list conditions, leny, leading to immediate seuse. Enter Underlying Causa (Disaesa or injury hat initiated avents asulting in death) Last	b. Vasculi	a to (or as a o	zure, Ur consaquance of): Unknowr consequance of):	n Ca		e		1	Three Hour
vsician/Medical Examiner	Siff OC tit	Sequantially list conditions, I eny, laading to immadiata seusa. Entar Undarlying Sausa (Dissess or injury hat initiated avents	b. Vasculi Due c. Due	a to (or as a o	consaquance of): Unknowr consequance of): consequence of):	n Ca	use		d tobacco use co	2	the cause of death
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								Cert	tificat	e of	Death		-	Reg. No.			
	Physic /Medi		Decedent's Nama (First, Mary	Middla, La	W.		Best						2. Date of Dec	ath	6 ^Y 9996	3. Time of 7:00	a.m.
	Examir		4a. Facility Nama (If not ins. 12817 Jealous R		ra street and numb	ber)						Mo	ocation of Death unt Savag	e	unty of Death	lany	
	Funeral Director		5. Social Security Number 214-07-5885		Sex 7. I□M 2□ X F	Age (In yrs. 90		hday) _ rs.	If Under Months	1 Year Days		24 Hrs. Min.	8. Date of Birt (Month, Da 26-S	r, Year) ep-05	9. Birthpi Coun Mai	iace (Stata o try) ryland	er Foraign
	nyland how		Usual Residence of Decede	ounty	NA GROVE	10c. Ci	ty, Town		ation unt Sa	.vaa					10	0d. Insida Ci	ity Limits
	he Ma 28a-f s	ector	Maryland		agany			MOC								≯ □ Yas	2 No
	ath with the 23a or 3	Funeral Director	10e. Street and Number	2817	Jealous Ro				10f. Zip		21545-			U.S	of What Coun	iry?	
21215-0020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Heelth and Mental Hygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Modical Examinat must be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Div		12. Was Deced Armed Force 1 Tyes 2 If Yes, Give Year or Date	es? No	J,S.		as Deced Yas, spec			gin? (Sp n, Puarto	ecify Yes or No- Rican, etc.)		Race - America Black, Whita, o ecify: Wh	etc.	
15-0	n 72 h	Completed	15. Dec (Specify only)	edent's E	ducation ada complated)		16a.	(Give k	ent's Usua ind of wo O NOT us	rk dona	during mos	t of work	ing		of Business/Ind	ustry	
212	filed within Hygiene. other than "	omb	Elementary/Secondary (0	-12)	College (1-4	lor 5+)	CI		ecre		,u)			Texti	les		
Maryland	ould be file Mental Hy arked othe	To Be C	17. Father's Name (First, M. William D. Willi)								a (First, Middla, Aerbach	Maidan Sur	nama)		
	and 2 should setth and Men n 27 is marke er traumatic		19a. informant's Name/Rela William E. Willi		Type, Print) Nepher	N	19b.	Mailing 2817	Address Jeal	ous F	t and Number	or or Rur Mo	ai Route Numbe	or, City or To ge N	wn, State, Zip laryland	^{Code)} 215	545-
Baltimore,	Pa Hit		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Crema 4 ☐ Donation 5 ☐ Oth			1	cematan	y, crema	ition (Nar atory or o	thar pla	100)	1	Date 0-Sep-96		on - City or To		
Balt	permit. Pe Depertmen Important: any injury		21. Signature of Funeral Se	rvice Licer	Dune	1		22. D	Nama ar Urst Fu	nd Addr	ess of Facility I Home	, 57 l	Frost Ave.,	Frostbu	urg, MD	21532	
	Physician /Medical Examiner		23a. Part. Enter the disea mook, or heart fallure Immediate Cause (Final disease or condition resulting in death)	se, or com List only	plications that cau	+cu	Le	N					or raspiratory ar		ran	Approximate Interval Bettonset and I	ween
Box 68760,	law requires that the death certificate be axecuted as been signed by the attending physician and a 2 should be detached for use as the bunal-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	{	b	Due to (d			ence of):								
	e death ce the attendi hed for use	Physician/	Part II. Other significant co	nditions o	ontributing to deat	th but not res	ulting In	the und	derlylng c	ausa gi	ven in Part I		23b. Dld t	obacco use	contribute to	the cause r	of death?
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Division	or Attending P attar death. I Director: After t d in by the funer	Certification:	3 ☐ Suicide 6 ☐ C	vastigation ould not be etermined		Injury - At h , etc. <i>(Specil</i>	ome, fari y)	m, stree	M et, factory		Yes 2	No	28f. Location (S City or Tow		umber or Rura	Routa Num	ber,
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	700		30. Name and address of pe		•	2				Cui	mberla	ınd.	Marylar	nd 21	502		
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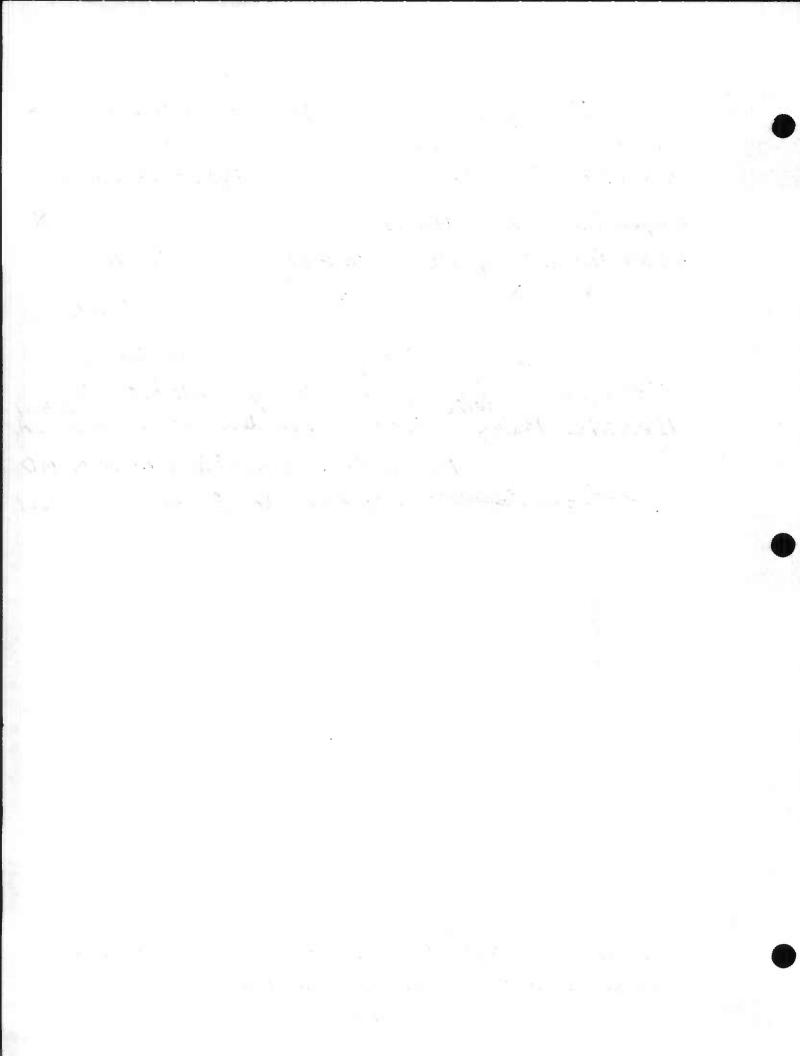
State of Maryland / Department of Health and Mental Hygiene

				Otato of Marylar	Certificate			Reg. No.	
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1	/Medi Examii		4a. Fecility Name (If not institution, give				r Location of Deeth	-	
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h	Funeral		5. Sociel Security Number 6. S						
L	Director		H24-03-0609 1	ØM 2□F 72	Yrs. Months	Deys Houra Mi	8. Date of Birt Month, De	13,1923	9. Birthplece (State or Foreign Country)
	show		10a. State 10b. County	10c. Cit	ty, Town or Location				10d. Inside City Limits
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	284 not	Director	10e. Street and Number	(-5/ (-)	10f. Zip (Code		10g. Citizen of W	√hat Country?
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	me 2	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in U	,S. 13. Was Decede	nt of Hispanic Origin? y Cuben, Mexican, Pue	(Specify Yes or No-	14. Reca	a - American Indian,
0	the r	Ē	1 Never Married 2 Married	Armed Forces? 1 XYes 2 ☐ No			erto Rican, etc.)	Bleck	k, White, etc.
020	ours efter death with the Meryle ref', or theme 23s or 28s-f show Examiner mast be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:	1 ☐ Yes 2	No Specify:		Specify:	RINK
21215-0020	n 72 hours efter death with the Meryland "natural", or frame 23s or 28s-f show edical Examiner must be notified at	Completed	15. Decedent's Ed	ucation	18a. Decedent's Usual	Occupation		16b. Kind of Bu	siness/Industry
21	S	pje	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use	done during most of w retired)	rorking		,
21	D 0	Š		2415	Cook			milin	tary
pu		Be	17. Father's Neme (First, Middle, Last)		, 0	18. Mother's N	ame (First, Middle,	Meiden Sumam	θ)
la	should be nd Mental marked o	To	Joseph	Bai	here Se.	Mar	y M	1c.Ke	21218.
Maryland	2 sho and I is me		19a. Informent's Neme Relationship (7	ype, Print) Wife	66. Mailing Address (Street and Number or	Aural Route Numbe	or, City or Town,	State, Zip Code) 2345/
-	9515		Bessie	Baiky	1138 0	arver	Ane,	Virsin	ia Beach VA
altimore,	of Heal of Heal f Kem 2 r other		20a. Method of Disposition		Placa of Disposition (Name cemetery, crematory or oth	of er place)	Dete	20c. Location -	City or Town, State
Ĕ			Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hemoval from Stete	coule I Ve	teran Cement	9-9-96	Hu	-lack MD
alti	emit. Pag epartment mportant: h ny Injury o		21. Signeture of Funeral Service Licen-	S00	22. Neme end	Address of Fecility	7		TOCK, MD
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J	Physician		shock, or heert feilure. List only o	one ceuse on each line.					Interval Between Onset and Death
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Box	death cert e ettendin od for use	Physician/N		d					1
	dear de ett	sici	Part II. Other significant conditions co	ntributing to death but not res	ulting in the underlying cau	ise given in Pert I.	23b. Did t	obacco use con	tribute to the cause of death?
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	es the pengi	þ					-		
Vital Records,	v requires that been signed b should be dete							en autopsy med?	24b. Were autopsy findings available prior to
ec.	Bw 2 Si	ple							completion of cause of death?
Œ	0 - 0	Completed					101	es 2 No	1 ☐ Yes 2 ☐ No
ita	iclan: The	BeC	25. Was case referred to medical			28. Place of D	eath (Check only o	ne)	
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0	Attending or death. Betor: After by the fune	atio	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day 1 bar)	Injury M	1 Yes 2 No			
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	To the Hospital or Attanding within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29e, Certifier 12 Certifying Phy	elcian: To the best of my kno iner: On the besta of examine	wledge, deeth occurred at	the time, date and plea	ce, end due to the d	ceuse(s) and mar	nner es stated.
	the F the F the F		one)	end manner stated.					
	To To	Σ	29b. Signeture and title of cartifier	TCID	29c.	License number	1	29d. Date signed	(Month, Day, Year)
			1 / woon	1-oregen	D	36919		August	31, 1996
			30. Name and address of parson who c						
			Susan T. Forli:	ter MD 505	Dutchmans	Lane Ea	ston, M	ID 2160	1

State Registrar

31. Date filed (Month, Day, Year) SEP 0 5 1996

32. Registrer's Signature , while Davidson Randoll



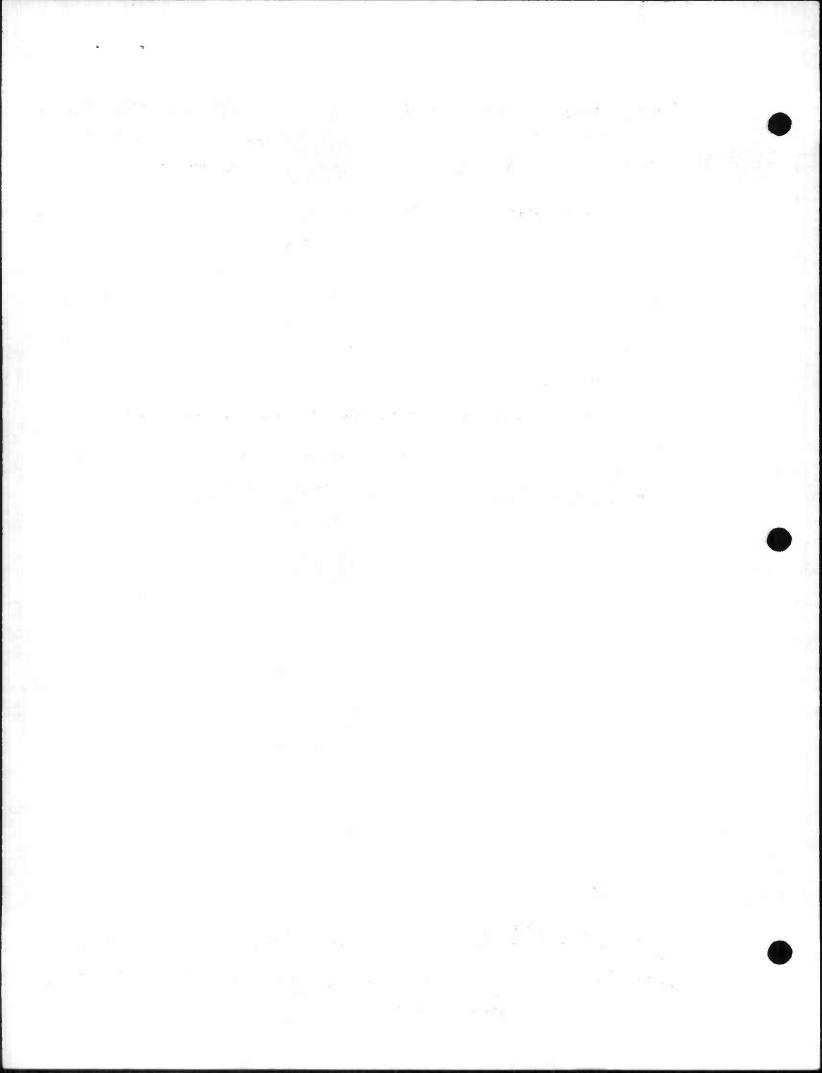
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/Medi Exami		4a. Fecility Neme (if not institution, give street end num				4	lb. City, To	wn, or Lo	ocation of Death	4c. Count		- an Am
		WILLIAM HILL HEALTH	CARE				I	EASI			ALBOT	
Funeral Director		5. Sociel Security Number 403-05-0351 Usuel Residence of Decedent	7. Age (In yrs. lest b 102	oirthday) Yrs.	If Under Months	1 Year Deys	If Under: Hours	24 Hrs. Min.	8. Dete of Birth Month, Day 6/5/1	894	9. Birthplece (Country)	Stete or Foreign TN
ehow ed at		10e. State 10b. County	10c. City, To	wn or Loc	ation						10d. In	side City Limits
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it to 20 00 00 00 00 00 00 00 00 00 00 00 00	Director	10e. Street and Number			10f. Zlp				1	0g. Citizen of	What Country?	
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5-0 72 hc	eted	15. Decedent's Education (Specify only highest grade completed)	16	(Give I	ent's Usue	k done o	during most	of worki	ina	16b. Kind of E	lusiness/Industry	
21215-0 1 within 72 ho jene. r than "netur or Medical	Completed	Elementery/Secondery (0-12) College (1-		iife. D	O NOT us	e retired)					
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Ore of Her		20e. Method of Disposition 1	20b. Pleca camer	of Dispos tery, crem		e of her piec	e)		Dete 9/3	20c. Location	- City or Town, S	tete
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Physician /Medical		23a. Pert1. Enter the disease, or complications that ca shock, or heert feilure. List only one ceuse on earlimediete Cause (Finel	crime.							ASTON est,	Appr Inten Onse	oximete vel Between et and Deeth
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		Hame end eddress of person who completed cause			,							
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Sta	ite_	LAWRENCE D. BOHAN, 31. Dete filed (Month, Dey, Year) SEP 0 3 1996	M.D., 60 gistrar's Signeture Guna Vavid				I'S I	ANE	, EAST	ON, M	21601	

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State of Maryland / Department of Health and Mental Hygiene 27562

						Certificate of	Death		Reg. No.		
	Physic	ian	1. Decedent's Nema (First, Middle, Las					2. Deta of De Month	Day	Yaer	3. Time of Death
	/Medi Examir		4a. Fecility Nama (If not institution, give		noc	7	4b. City, Town	or Location of Death	30 /7	96 of Death	AM
	LAGITIE	ici	Dorchester Ge	neral Hosp	ital			ridge		hest	er
	Funeral Director			ax □M 2ÅF 8	(In yrs. last birt	hday) If Undar 1 Yaar Months Deys		Min. 8. Date of Bin Month, Da Dec	1913	Cour	place (Steta or Foraign stry) yland
	land		Usual Rasidance of Decedant 10a. Stete 10b. County		10c. City, Town	or Location				1	0d. Inside City Limits
	e Mary	ctor	MD Ce	cil	Ch	esapeake C	ity				1□ Yas 2 No
	th with the 23a or 28	ai Director	10e. Street and Number 21 North Road			10f. Zip Coda	21915		10g. Citizan of U.S.		ntry?
21215-0020	d 2 should be filed within 72 hours after deeth with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or thems 23s or 28s-f show treumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Stetus 1 Navar Married 2 Merriad 3 Myldowed 4 Divorced	12. Wes Decedant Ev Armed Forcas? 1 ☐ Yas 2 2 No If Yas, Giva Year or Datas:		13. Was Decedent of it Yas, specify Cub		? (Specify Yes or No uarto Rican, atc.)	14. Rac Bia Specify	e - Americ ck, Whita, v: W	
15-(n 72 h	letec	15. Decedant's Ed (Specify only highest grad	ucetion da com <i>plated)</i>	16a.	Decedent's Usuai Occu (Giva kind of work dona life. DO NOT usa retire	during most of	working	16b. Kind of B	usinass/in	dustry
212	d within	Completed	Elamentary/Secondery (0-12)	Coilaga (1-4or 5+)	registered	-/		genera	1 ho	spital
Maryland	should be filed with and Mental Hygiene. • marked other than sumatic event, the M	To Be C	17. Fathar's Nema (First, Middla, Last) George W.	Nichols				Nama (First, Middia, Nina Ome		na) nne	
	and 2 shousalth and No. 27 is men		19a. informant's Name/Raiationship (7 Carol V. Brannoc			Mailing Address (Stree North Rd.					Code)
altimore,	OF THE		20a. Mathod of Disposition 1 Surial 2 □ Cramation 3 □ 4 □ Donetion 5 □ Other (Specify		cematen	Disposition (Nama of c, cramatory or other pla Lawn Cemete		Data 9-1-96	20c. Location		
Balti	permit. Page Department of Important: If any Injury or once.		21. Signature of Funaral Sarvice Licens	11	9	22. Nama end Addre Thomas Fur 700 Locus	ess of Facility				
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	Physician /Medical				/	FAiluz	7.				Onset and Death
	Examiner	ner	resulting in death)	Clarent	ue to (or es a c	FAiluz onsequance of: fructive	Aila	nonny D			20 ms
ó	icate be executed physician and s the buriel-transit	Examiner	Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disasse or injury that initiated events	A 200	ue to (or as a c	onsequence of):	10111	Town I	11341130		20 prs
x 68760,	eeth certificate be executed ettending physician and I for use as the buriel-transit	/Medical	Cause (Disease or injury that initiated events rasulting in daath) Last	d	ua to (or as e co	onsequence of):					
Boy	eth or	Physician/	Part It. Other significant conditions co	ntributing to death but	not rasulting in	tha undarlying ceusa gi	ven in Part I.	23b. Did	tobacco use co	ntributs to	the causs of death?
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of Vital Records,	aw requisible been 2 shou	Completed t						24e. Was perfo	an autopsy rmed?	av.	are autopsy findings allabia prior to mpletion of cause death?
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Vita	Physician: The this certificate ral director, pag	Be c	25. Was case rafarred to medicei axaminar?	Hospitai:		Ot	har:	Deeth (Check only o			
o		n: To	27. Mannar of Death	28a. Data of injury (Month, Day)		ma of 28c. tnju	4 LI NUISII	ng Homa 5 ☐ Rasid	dance 8 □Oth how injury occur		γ)
sion	Attending For death.	ation	1 ☐ Natural 5 ☐ Panding invastigation	(Month, Day)	<i>rear)</i> In		irk?]Yas 2□No				
Division	5 th 5 =	Certification:	3 Suicida 6 Could not be 4 Homicide determined	28a. Place of injury building, etc.	/ - At home, fan (Specify)	m, streat, factory, office		28f. Location (S City or Tox	Street and Numb vn, Steta)	er or Rura	il Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai	29a. Certifiar (Check only one) Certifying Phy Certifying Ph	alcian: To the best of iner: On the basis of each mannar state	xamination and	daath occurred at the ti or investigation, in my	me, deta and p opinion, daath o	lace, and dua to tha occurred et the time,	cause(s) and made and date end plece,	anner as si end dua to	eated. tha cause(s)
	To the within To the complex c	M	29b. Signatura and Like of conflict	link		D2			29d. Data signe	d (Month,	Day, Year)
_			30. Name and address of person who o	FAdde	n mc	Type, Print) 302 (8)	llins	Hus,	lock	md	21643
	Sta Registr		31. Deté flied (Month, Dey, Year) SEP 0 3 199	- 4 4 6 54	s Signatura	Sall		•			



State of Maryland / Department of Health and Mental Hygiene

27563

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	Physic /Medi		1. Decedent's Nam		Last) ALVERTA			Brann	nocl	k	2. Data of E Month Sept.	Day	1996	3. Time of Death 2:40 am
1	Exami		100		giva straat and numb pital at	-	ton		4b.	City, Town, o	r Location of De		inty of Death	
	Funeral Director		5. Social Security 1 214-42-7	Number 8			s. last birthday, Yrs.	Months D	Yaar Days	If Undar 24 H Hours Mi	rs. 8. Data of E		9. Birth	piaca (Stata or Foreign intry) / Land
	Maryland a-f show afod at	stor	Usual Residence of 10a. State MD	10b. County	hester		Cambrid							10d. Inside City Limits 15 Yes 2 □ No
	h with the	al Director	10e. Street and Nu 304 Cr	mber rusader	Rd.			10f. Zip Co	21	.613		10g. Citizen	of What Cou	ntry?
020	filed within 72 hours after death with the Maryland Hygiene. Ifther than "natural", or items 23a or 28a-f show ont, the Modicel Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Mari	riad 2☐ Married	12. Was Deced Armed Forc 1 Yes 2 If Yes, Give Yaar or Date	as? No	U,S. 13.	Was Deceden If Yes, specify		panic Origin? Maxican, Pus Specify:	(Specify Yes or I arto Rican, atc.)		Race - Amer Black, White ocify:	
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212	d withi	Comp	Elementary/Seco	ondary (0-12)	College (1-4	for 5+)		memake:				own	home	
Maryland 21215-0020	S al S	To Be (17. Father's Nama	(First, Middle, La ictor	Falk				1		ame (First, Midd la May Mo		nama)	
Mar			19a. Informant's N Wesley A								^{Pural Route Nurr} Pasadena			p Code)
ore,	permit. Pages 1 and 2 Department of Health Important: If Item 27 I any Injury or other tri pages.		20a. Method of Dis	position	☐Removal from St	20b.	Place of Disp	osition (Neme matory or othe	of		Date	1	on - City or T	own, State
Baltimore,	permit. Pages Department of Finportant: If ite any injury or of 905.		4 Donation	5 ☐ Other (Spe	cify)			er Mem			9-7	Cambr	idge,	Maryland
Ba	Depa Impo any ir		21. Signature of Fu	undral Sarvice Lic	ensee		7 1	2. Nama and A homas	Fune	eral Ho				
	-		23a. Part 1. Enter t	the disease, or or	omplications that causely one cause on each	used the dea	ath. Do not an	tar the moda o	ust f dylng,	St. Ca such as card	mbridge ac or respiratory	arrest,	613	Approximate interval Between
	Physician /Medical Examiner	Examiner	Immediate Cause disaase or condition resulting in death) Sequentially list on if any, leeding to incause. Enter Unde Cause (Disease or	òn		ione	oter (or as a conse lor as a conse	aumo	ne	ngfi n Di	ency	al	te !	Onset and Death 3 days 4 days
ox 68760,	n certificata be executed ending physician and use as the bunal-transit	n/Medical	cause. Entar Under Cause (Disease or that initieted event resulting in death)	5	c	Due to (or as a consec	quence of):					-	
O. B	the atte	Physicia	Pert II. Other signif	ficant conditions	contributing to deat	th but not re	sulting in the u	inderlying caus	a given	In Part i.	23b. Di	d tobacco use	contribute	to the cause of death?
S, P.O.	s that the need by	by Ph	Cogr	interie	disord	Ler,	alz	Rein	er	typ	Q 10	□ Yee 250-A	o 3□Pro	bebly 4 Unknown
Division of Vital Records,	The law requires that the death ate has been signed by the atte page 2 should be detached for	Completed to				_						as an autopsy rformed?	8'	Vere autopsy findings vailable prior to ompletion of cause if death?
E E		Com									10	Yes 201	0 1	□ Yas 2□ No
VIII.	Physician: The rule certificate ral director, page	Be C	25. Was casa refer axaminer?	TOTAL PROPERTY.	Hospital:		-		Other		eath <i>(Check onl</i>)			
of	Phys or this eral di	n: To	1 ☐ Yas 2 ☑ 27. Manner of Deat	th	28a. Date of	Injury	28b. Tima o		Injury a Work?	4 LI Nursing	Home 5 Re	sidence 6 🗆 e how injury oc		(y)
sion	anding lasth. or: After he funer	atlo	1 Naturat 2 Accident	5 Pending investigat	ion	Dey Year)	Injury	М		s 2 No				
Divis	tal or Atterns aftar de ai Directe	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	286. Place of	f Injury - At I I, etc. <i>(Spec</i>	nome, ferm, st ify)	reet, factory, o	ffice		28f. Location City or 7	(Street and Ni own, State)	imber or Rui	ral Route Number,
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	edical	29e. Certifier (Check only one)	2∐ Medical Ex	Physician: To the be aminer: On the basi and manner	is of examin	owledge, deat atlon and/or in	vestigetion, in	my opir	nion, death oc	ce, and due to th curred at the time	e, date and pla	ce, and dua	to tha cause(s)
	To To con	M	29b. Signature and		W. Tru	ver	,M.D		icense r	0 9 3	8	29d. Data si	aned (Month) $3-96$	
					o completed cause		, , , , .	,						
	Sta Registr	100	Robert W 31. Date filed (Mon		3. Reg	Istrar's Sign	ean Gat	eway,]	East	on, MD	21601			
	7.6		7	. 00 10	0									

AMENDED #4b., 8/28/96, B.P., WORCESTER CO.

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

27564

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last) GUS

5. Social Security Number

BIVENS

83

7. Aga (in yrs. last birthday)

2. Date of Death

3. Time of Death AUGUST 24, 1996 9:50 AM

4a. Facility Name (If not Institution, give street and number)

City, Town, or Location of Death PENINSULA REGIONAL MEDICAL CENTER WICOMICO CO. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8. Data of E

4c. County of Daath WICOMICO CO.

Funeral Director

28a-f show

6 must be

Items 23a

ò

'natural'

7 is marked of fraumatic eve

Department of Health and Important: If them 27 is m any injury or other traum otics.

96

filed within 72 hours after

Pages 1 and 2 should be nent of Health and Mental

The law requires that the death certificate be executed

P.O. Box 68760

Division of Vital Records,

Attending Physician:

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for use as the buriel-trans

signed by the d

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certificate

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After

s after death.

I Director: Ald in by the fu death.

To the Hospital or within 24 hours af To the Funeral D completely filled i

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Completed

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Certification:

Medical

m

State

Registrar

Baltimore, Maryland 21215-0020

10a. State 10b. County

10c. City, Town or Location

Yrs.

8. Data of Birth 3/13/1913 Hours

9. Birthplaca (State or Foreign Country) and

10d. Inside City Limits

Director

Funeral

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Completed The Medical

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Lo

Md.

Dorchester

Cambridge

1 ☐¥es 2 ☐ No 10g. Citizen of What Country?

10e. Street and Number

701 .Race

Street

1₩ 2□ F

21613 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.)

10f. Zip Code

Months

United States 14. Race - American Indian, Black, White, atc.

1 Never Married 2 Marriad 3☐ Widowed 4 ☐ Divorced 15. Decedent's Education

12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates:

1 ☐ Yes 2 ☐ No Specify:

Days

Spara ck 16b. Kind of Business/Industry

(Specify only highast grade completed) Flementary/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) Laborer

Sawmill

17. Father's Name (First, Middle, Last)

Bivens

Laurel

18. Mother's Nama (First, Middle, Maiden Surnama) Spence

Norwood

19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 112 Oak

Street Pocomoke City, Md. 21851

Evette N.Bivens 20a. Method of Disposition

4 ☐ Donation 5 ☐ Other (Specify)

Method of Disposition

20b. Place of Disposition (Nama of cemetery, crematory or other place)

27/96

Date

Date

Date

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20c. Location - City or Town, State Westaven.Md.

21. Signature of Funeral Service Licensee

3e. Pen . Enter the diseese, or complication shock, or heart feilure. List only one cars

22. Name and Address of Facility . Sa vage F. H. 3812 Davis Rd. New Church, Va.23415

The enter the mode of dying, such as cardlac or respiratory arrest,

Approximate

Physiclan Immediete Ceuse (Finel diseasa or condition resulting in deeth) /Medical **Examiner**

ultiple Due to (or as e consequence of) Onset and Death

Physician/Medical Examiner Sequentielly list conditions, if any, leading to immediate ceusa. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequenca of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to

24a. Was an autopsy performed?

completion of cause of death?

TEXES 2 No 28. Place of Deeth (Check only one)

Yes 2 No

25. Was case referred to medical exeminer? 1 X Yes 2 No

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Pending investigation

28a. Date of Injury (Month, Dey Year) 8124196

28b. Time of 8:15 AM

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 No

28d. Describe how injury occurred motor vehicle accident

6 Could not be datermined 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide street

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) U.S. 13 & R+ 756 Pocomoke wecomento, not

29a. Certifier (Check only one)

27. Menner of Death

1 Natural

22 Accident

3 Suicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner es stated.

2 Medicat Examinar: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of cartifier 29c. License number

Menny

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Day, Year) AUGUST 25, 1996

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

huters Dennis 31. Data filed (Month, Dey, Year)

32. Registrar's Signatura

AUG 2 8 1996

Falk Davidson Redall

96-4812-047 96-193 B.K.S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27565

Certificate of Death

1. Decedent's Neme (First, Middle, Last) DIIDMON

2. Date of Death Month

3. Time of Death Year

Funerai Director

permit. Pages 1 end 2 should be filed within 72 hours effer death with the Maryland Deportment of Health and Mental Hygiene. Important: If Rem 27 is marked other than "natural", or frame 23s or 28s-f show any flujury or other traumatic event, in the block and investment that the motified and optice.

Baltimore, Maryland 21215-0020

Physician Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer deeth.

To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

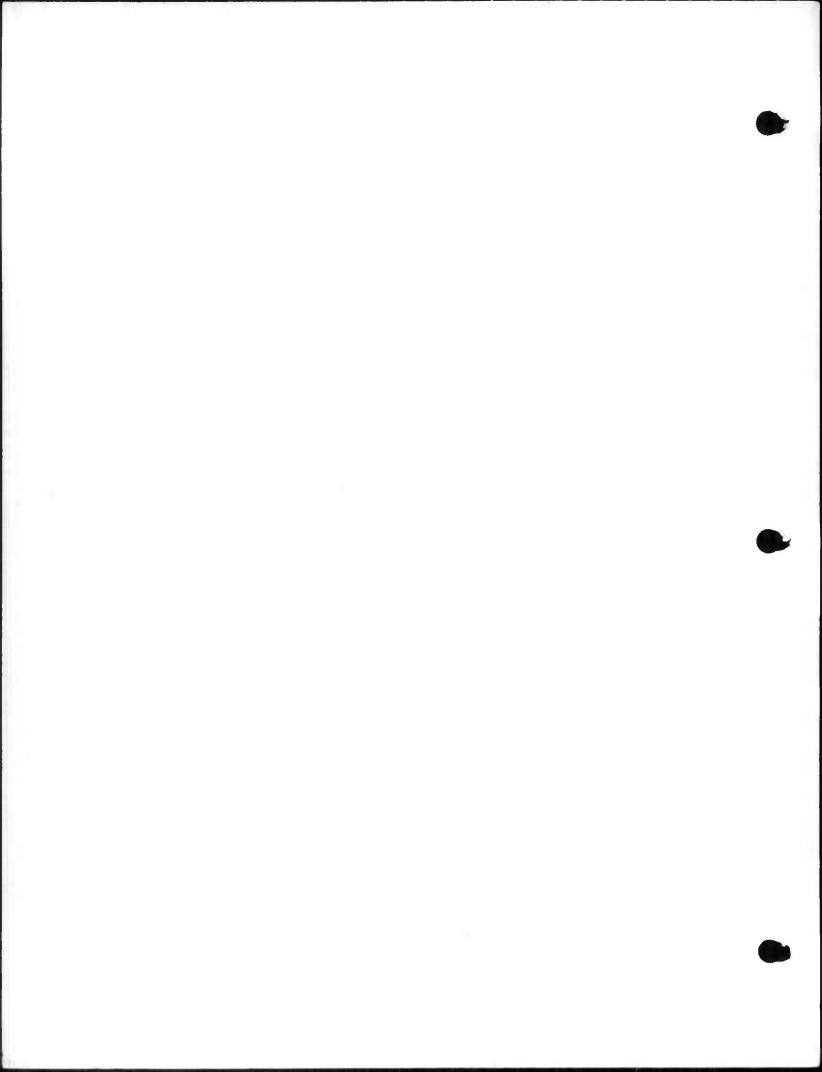
ian ical	EMMA			BURTON				Month AUG.	24,	Year 1996	0848
ner	4a. Facility Name (.S. ROU				4b. City, Town, Pocomo	or Location of Danke City	WO	ty of Death RCEST	ER
	5. Social Security (213-22)	5417	5. Sex 1 □ M 2 1 F	7. Age (In yrs. 75	last birthday Yrs.) If Undar 1 Year Months Days	If Under 24 h	Irs. 9 Date of F		Count	ace (State or F
	Usuel Residence of 10a. State	10b. County		10c. Cit	ty, Town or L	ocation				10	d. Inside City I
tor	Ma.	Worces	ter	Poc	omoke	City					1 ¥ Yes 2
Director	10e. Street and Nu					10f. Zip Code			10g. Citizen of	What Count	ry?
ral	509 Mo	ore St	reet			21857			United	Sta	tes
by Funeral	11. Marital Status 1 Nevar Mari Widowad	ried 2 Marrie	Armed Fo	2 No	l,S. 13.	Was Decedent of I ff Yas, specify Cub 1 ☐ Yes No	an, Maxican, Pu	(Specify Yes or Nerto Rican, etc.)	Bia	ica - America ack, White, e	tc.
Completed I	(Spe	15. Decedent's cify only highest	Education grada completed)		(Give	edent's Usual Occup e kind of work done DO NOT usa retire	during most of a	working	16b. Kind of E	Business/Indu	ustry
mo:	Elementery/Seco	***	College (1	1-40r 5+)	Labo	rer			Poultr	V	
Be	17. Father's Name	(First, Middla, La					18. Mother's N	lame (First, Middle		-	
2	Isaac		Purne	11			Mary	L.Scoo	olfield	l .	
l 1	19a. Informant's N	N.Biver			112	oak Str					
	20a. Method of Dis		□Removal from		Place of Disponentery, cre	osition (Nama of matory or other pla		Date	20c. Location		
		5 ☐ Other (Spe		St.		Cemete		8/31/96			
	21. Signature of Fu	ineral Servica Lic	cansee	1	A 2	2. Name and Addra	ass of Facility S	a vage]	.н. 38	12 Da	vis R
		_ >	2	011	W	New Ch	urch.	Va - 234	15		
1	23a. Part1, Enter t	he disease, or co	implications that cally one cause on e	aused the deat	De oct on	r the mode of dyi	ng, such as card	liac or respiratory	arrest,		Approximate interval Between
niner	Immediate Ceuse disease or condition resulting In death)	'n	a	Due to (o	or es a conse	quenca of):					
cai Examiner	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or that initiated events	riying Injury	c		r as a conse						
slcian/Medical	rasulting in death)	Last	d	500 (0)	as a consec	querice ory.					25 94
	Part II. Other algnif	cant conditions	contributing to da	ath but not resu	ulting in the u	inderlying cause giv	ven in Part I.		i tobacco uee co		
by Phy								_ 1[Yes 2 No	3 Probe	ibly 4 🗆 Uni
Completed t									s an autopsy formed?	avai	e autopsy findl able prior to pletion of caus eath?
E O								1 🔀	Yes 2 No	181	Yes 2□ No
Be	25. Was case reference examinar?	red to medical					26. Place of D	eath (Check only	one)	1	
2	XXYes 2		-		ER/Outpatier		4 LI MUISHING	Home 5 Res			ROADV
lon	27. Menner of Deeth 1 ☐ Netural	5 Pending		of injury h, Day Year)	28b. Time o Injury	Wor		28d. Describe	how Injury occur	rred	
Icat	2 ☑ Accident 3 ☐ Suicide	Investigati	be one place	4-96	084		Yes 2 No		vehicle		
4	4 ☐ Homicide	determine	d Zoe. Placa	ng, etc. (Specify	1)	reet, factory, offica			(Street and Numb own, State) R+		
T		4D 0	busines Total	Stree				Pocomo	te City	, mar	yland
I Certification:	20a Cadilla		myelcian: To the l	pest of my know sis of examinat	wiedge, deeth ion and/or in	n occurred at the tin vestigation, in my o	ne, date end pla pinion, daath oc	ca, and due to the curred at tha time	cause(s) and m , data and place,	enner es stat and due to t	
	29e. Certifler (Check only one)	Medical Ex	and menn	er stated							had
ledical	(Check only	XXMedical Ex	and mann	er stated.					29d. Date signs	ed (Month D	ted. he cause(s)
Medical	(Gheck only one)	XXMedical Ex	and mann	er stated.		29c. Licans O . C .	a number		29d. Data signe AUG . 25		ted. he cause(s) ay, Year)
Medical	(Gheck only one) 29b. Signatura and	title of certifier	1 Chuto	er stated.		29c. Licans O . C .	a number				ted. he cause(s) ay, Year)
Medical	(Gheck only one)	title of certifier	1 Chuto	of death (Item		29c. Licans O . C .	a number	timore	AUG.25	5, 199	ed. he cause(s) ay, Year)

Registrar

anders for the BY = Ste Argan the second and a second rio Piriperio a mercia diferenzia reflective and the production of the production Shirtaniado a Milla gia

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / CE	DEPARTMEN	T OF HE	EALTH AND	MENTAL HYGI								
	1. DECEDENT'S NAME (First, Middle, Last)			DEATH	2. DATE OF DEAT	3. TIME OF DEATH							
	Genevieve Marie	Bierley			August	30. 1	996	1:30 AM					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	birthday) IF UNDE	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign					
	161-09-0242 1□M2QF 90	YRS. MONTHS	DAYS	HOURS MIN.	Aug. 17	, 1906	Mar	yland					
or	9a. FACILITY NAME (If not institution, give atreet and number)			LOCATION OF D	EATH		UNTY OF						
<u>OT</u> :	Reeder Memorial Home Boonsboro Washington												
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
	Maryland Washington			LIMITS?									
3AL	10e. STREET AND NUMBER	TIZEN OF	WHAT COUNTRY?										
FUNERAL	11 W. Baltimore Street			21740			JSA						
	1 X Never Married 2 Merried FORCES? 1 YES 2 NO	IED 13.	If yes, spec	offy Cuban, Mexico	NIC ORIGIN? (Specify an, Puerto Rican, etc.	Yee or No-	Blac	E — American Indian, k, White, etc.					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 YES 2	NO Specif	fy:		Spec	White					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	Do NOT use retired.))	or working	haisa								
COMPLET		er picke			hoise	-							
	17. FATNER'S NAME (First, Middle, Last) Edward Charles Bierley				AME (First, Middle, Me								
B	Edward Charles Bierley 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Flural Pourle Number, City or Town, State, Zip Code)												
2	Shirley Hessong 9647 Sharpsburg Pike Hagerstown, Maryland21742												
	20s. METHOD OF DISPOSITION 1 \Quad \Quad												
	4 Donation 5 Other (Specify) FUNKS 1				9/4 F	unksto	town, Maryland						
	Gerald N. Minnich 305 N. Potomac Street												
- 1	Lead 11.11 under			1 Home	H	agerst	own.	Maryland					
	23. PART I. Enter the diseases, or compileations that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hasnt failure. List only one causa on each line. IMMEDIATE CAUSE (Final												
	MAMERIATE CALLES (Fine)												
	disease or condition resulting in desth) Acute Myo Cardial Infanction Due to (or as a consequence of): Congestive Heart Factive Due to (or as a consequence of):												
_	- Congelha	Hear	N F	alline				CVPE					
<u> </u>	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CA	CAUSE (Disease or injury												
CERTIFICATION	that initiated events DUE TO (OR AS A CONSECU-	IENCE OF):											
CEF	d												
ÄL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Chyonic Obstructive Lung Discusse 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE												
ă	Chromic Obstigetive	Lung		1 sea se	1 TYE	2 NO		COMPLETION OF CAUSE OF DEATH?					
Σ	DID TOPACCO LISE CONTRIBUTE TO CALISE OF DEAT	U VEC 🗖	NO F	1111000000				1 TYES 2 NO					
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHE	R:	5 Decidence	6 Other (Specify)								
PHYSICIAN: MEDIC	27. MANNEN OF DEATH 286. DATE OF INJURY	28b. TIME OF INJURY	28c. INJU	TA YE	28d. DESCRIBE NO	W INJURY O	CCURED						
BY	1 Natural 5 Pending (MURIA, Day, Year) 2 Accident Investigation	M	1 TYE	S 2 NO									
	3 ☐ Suicide 8 ☐ Could not be 4 ☐ Homicide determined	e, farm, street, fac	ctory, office		281. LOCATION (Str. City or Town, St	eet and Numberete)	er or Rural I	Route Number,					
COMPLETED		<u>-</u>											
MPL	29e. CERTIFIER (Check only one)												
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or im	vestigation, in my o	opinion, des	th occured at the	time, date end place	, end due to t	the cause(s	e) and menner as stated.					
BE	296. SIGNATURE AND CITLE OF CERTIFIER		1	29c. LICENSE NUI	WBER	29d. DA	TE SIONED	(Month, Day, Year)					
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		744	176	1	y .	7776					
	Dr. Zafar Malik 20311 Lappans Road		oro.	Marvlan	d 21713	1_301	_//32	.8470					
	31. DATE FILED HAPPING DON 183 1996 32 PROSTER SENATURE	latt.	,	iwiy i uili	~	1-201	-406	-04/0					
	DE: 0 0 1000 D												



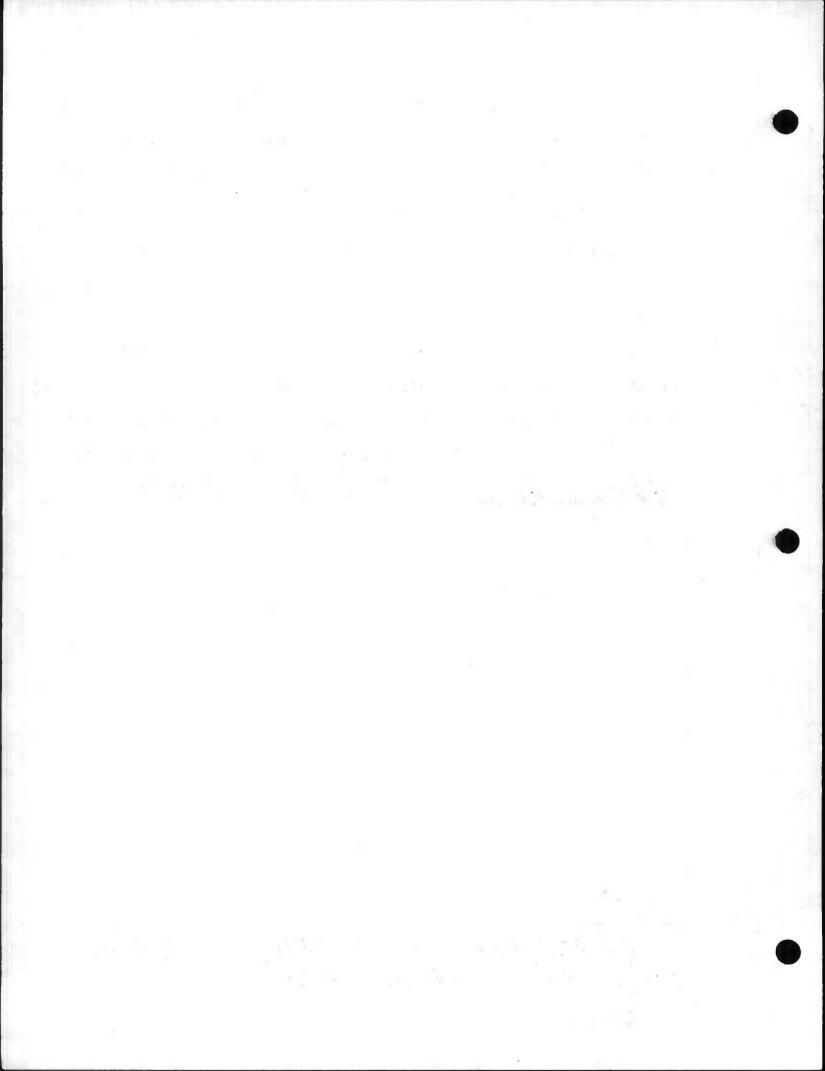
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

					Certi	ficate of	Death		Reg. No.				
Discolat		1. Decedent's Neme (First, Middle, L.	nst)					2. Dete of De Month		Year	3. Time of Death		
Physici /Medi		MARIE	1300	SIE				SEPTE:	MBGR Jn	d 1998	5.30 An		
Examir		4e. Facility Neme (If not Institution, gi	ve street end number)				4b. City, Town, o	r Location of Deet	h 4c. County	of Deeth			
		HARBORHOSPI	TAL	CEN.	TER		BALTIN	ORE	BACA		B CITY		
Funeral Director		5. Sociel Security Number 6. 577 – 42 – 7570 Usuel Residence of Decedent	Sex X 7. Ag	ge (In yrs. last I 93	Yrs.	f Under 1 Yeer fonths Deys	Hours Mi	n. 8. Dete of Bi	1902	9. Birthpled Country	Wash. DC		
Mend Mend		10a. Stete 10b. County		10c. City, To	wn or Locat	ion				10d	I. Inside City Limits		
Man	ţċ	MD Charles Indian Head									1 ☐ Yes 200 No		
th with the 23a or 28	Funeral Director	10e. Street end Number 14 Glymont Rd.			10g. Citizen of V.S.	f What Country?							
within 72 hours after death with the Marylend ene. then "natural", or items 23s or 28s-f show the Medical Exercise: must be routed	by	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?	Armed Forces? If Yes, spe I □ Yes 2 ② No If Yes, Give 1 □ Yes			oan, Mexican, Pu	(Specify Yes or No erto Rican, etc.)		ce - American ck, White, etc	c.		
n 72 ho netur	Completed	15. Decedant's E (Specify only highest gr	ducation ade completed)	16	e. Deceden (Give kin	t's Usuel Occu d of work done	petion during most of weed)	orking	16b. Kind of B	usiness/indu	stry		
vithin han	Idm	Elementery/Secondery (0-12)	College (1-4or	5+)	Store	Work	er		Salar	ation	Army		
P P P P		Unknown 17. Father's Neme (First, Middle, Las	n				_	eme (First, Middle			Alliy		
o d a b	o Be	John Weaver	7				Henrie	tta Wea	aver	.0/			
CI 0 M =	2	19e. Informant's Name/Reletionship (Type, Print) Shirley M. Chaney 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Tow P.O. Box 810 Newburg, MD 20664									n, Stete, Zip Code)		
Tanger 1		20e. Method of Disposition	ney			on (Name of	TO MEM	Dete Dete	20c. Location	City or Town	n State		
8 5 5		1 ☐ Burial 2 ☐ Cremetion 3 [
permit. Pages Department of Important: If I any injury or it		4 Donellon 5 Other (Specify) Metropolitan Crem. 9/4/96 Alexandria, VA 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility PREMIPRE TOTAL TOTAL BOX 567											
permit. Page Department of Important: If any injury or once.		Navil C.	The	M0094	AR 45 d	ZHART UST	ECHOLS'	FH P.C	Plata A	567	2646		
		23a. Part1. Enter the disaese, or con shock, or heert failure. List only	plicetions thet caused one cause on each il	d the deeth. Do	o not enter t	he mode of dy	ing, such es card	ec or respiretory	errest,	În	approximete nterval Between		
Physician /Medicai Examiner		Immedieta Causa (Final diseese or condition resulting in deeth)	· AND				ALOPA	THY			days days		
12.30	e		1000	Dua to (or es				010					
d d ansit	Examiner	Convention has been distance	b. ACU	Due to (or es			AL I	NFARC	TION	- 16	days		
exec an an rial-tr		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury		D 00 10 (01 03 1	5 001136Q0a1	ice orj.							
icate be executed physician and s the burial-transit	Medical	Cause (Diseese or Injury that initiated events resulting in deeth) Last	C	Due to (or es	consequer	nce ot):							
ertifica ling ph e es ti	Med	resulting at deetil) Last											
attendin of for use			d										
it the dea by the at tached fo	Physician/	Pert II. Other significant conditions	contributing to death b	ut not resulting	In the unde	rlying causa g	iven in Pert I.	23b. Did	tobacco use co	ntribute to ti	he cause of death?		
d by t		Depression						1 🗆	Y## 2□ No	3 Probat	bly 4 Unknown		
res that signed to d be deta	l by	0201(23)01							The same of the sa	T	A' A'		
law requires that the death certificate be executed as been signed by the attending physician and 2 should be detached for use as the burial-transit	Completed								en autopsy ormed?	evalla	a autopsy tindings able prior to pletion of cause ath?		
The ate h	Con							10	Yes 2 No	101	Yes 25 No		
Physician: The this certificate ral director, page	Be (25. Wes case reterred to medical examiner?					26. Plece of D	eath (Check only	one)				
Physic this or al dire	To	1 Yes 2 No	Hospitel: 1 Inpatie		Dutpatient	3LI DOA	-	Home 5□ Res	Idence 6 Oth	er (Specify)			
After fune	ation:	27. Menner of Death 1 Naturel 2 Accident 5 Pending investigetic	28e. Dete of Inju (Month, Da	y Year) 28b	. Time ot Injury	28c. Inju Wo M 1 [ıryat ork?]Yes 2 ☐ No	28d. Describe	how injury occur	red			
	Certification:	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)						28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)					
To the Hospital or within 24 hours efter To the Funeral Dircompletely filled in	edical (29e. Certifier (Check only one) 1 Certifying Pl 2 Madical Exam	nysician: To the best miner; On the basis of end menner st	examination e	ge, deeth oo end/or inves	curred et the t tigation, in my	lme, dete and ple oplnion, deeth oc	ca, end due to the curred at the time,	cause(s) end me dete end placa,	anner as stete and dua to th	ed. ne causa(s)		
within 2 To the comple	×	29b. Signeture end title of certifler				29c. Licen	se number		29d. Date signe	d (Month, Da	iy, Year)		
		1 Thank	um			ASZ	441611	1-16	SEPTEN	IREA .	nd 1001		
		30. Neme and addrass of person who	complated cause of d	laeth (Itam 23a) (Type, Pri		1-110.	1	- PA 1 614	DAK.	1776		
		K. AMBACAVAN					MTER	, 2001	SOUTH	HAN	OVER STRE		
Sta	te	31. Dete tiled (Monto Day, Year)	OCC 32. Registr	ar's Signature	0		BAC	TIMOR	5				

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 0livia Mary Grace BIGGS August 31, 1996 4:50 pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Citizens Nursing Home of Frederick County Frederick Frederick 8. Date of Birth (Month, Day, Year) Jun 19, 19 If Under 24 Hrs. Houra Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2\ F 220-48-1820 90 **Director** 1906 Maryland Usual Residence of Decedent with the Maryland 10e. Stete 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Maryland Frederick Frederick 1 Yes 2 No Director 10e. Street and Number 10f Zin Code 10g. Citizen of Whet Country? 352 Madison Street 21701 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural, or ite any finury or other traumatic event, the Medical Estatinia 1 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 Yes 2 No Specify: by 3[™] Widowed 4 □ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be William Andrew ROTHENHOEFER Mary HARLEY Jane 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles F. Biggs, Son 427 Sherman Avenue, Frederick, Maryland 21701 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removei from Stete Smithsburg Crematory Sep 4, 1996 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22 Name and Address of Facility Keeney & Bastord P.A. Funeral Home bevser MO0706 106 East Church St, Frederick, Maryland 21701 or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, that only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the burial-transit that the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): use as ed by the attending detached for use as Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? signed by 1 d be detact 2 No 3 Probably 4 Unknown 1 Yes þ should I 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed hes certificate 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospital: Other: 10 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 Other (Specify) this funeral 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred After To the Hospital or Attending | within 24 hours after death.
To the Funeral Director: After 1 Naturei 2 Accident 5 Pending investigation 1 Yes 2 No eht yd ni bellif filled in by the Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of fnjury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homleide Cartifying Physicfan: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) end menner as steted.

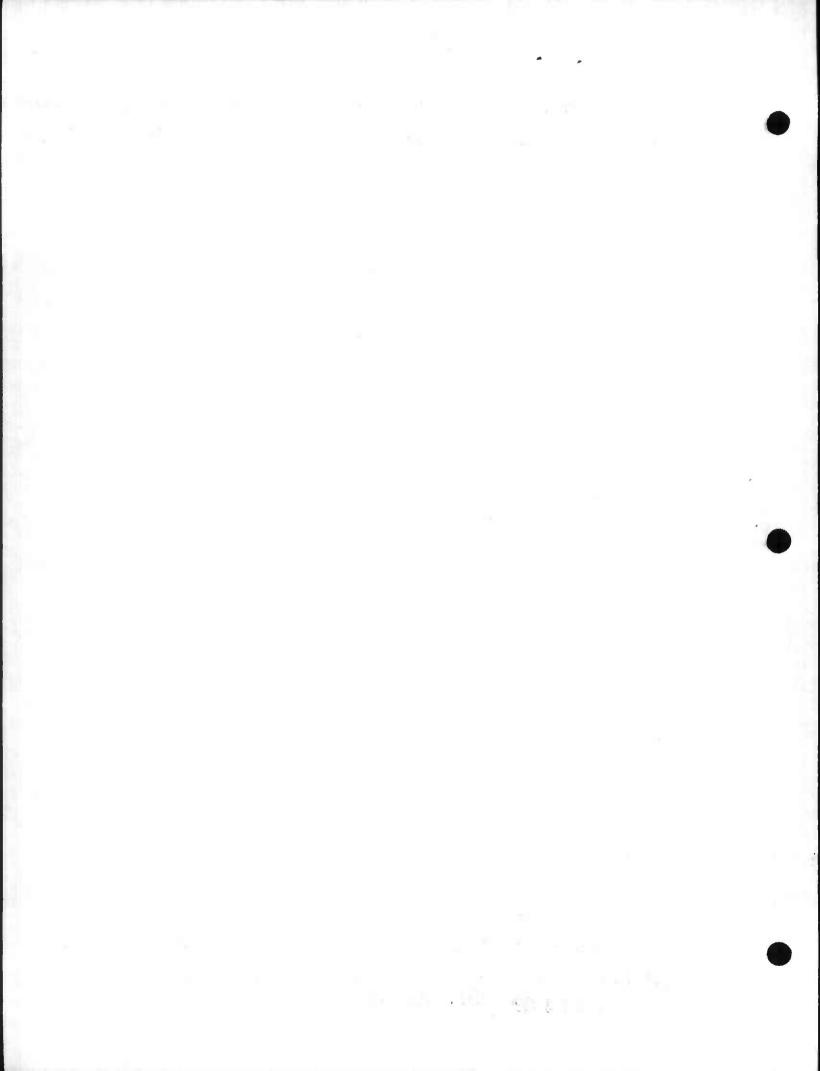
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Dete sigged (Month, Day, Year) 30. Neme and address of peraon who cause of deeth (Item 23a) (Type, Print) reder 31. Date filed (Month, Day, Year) 32. Registrer's Signature

Via Davilson



			•	State of Ma	aryland		ment of H			giene	0	2/569	
	Physic	ian	1. Decedent's Name (First, Middle, La	ist)		Ray			2. Data of De Month	eth Dey	Year	3. Time of Death	
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	Examir	ner	0 4	M A . / s	10	11 - 2	٥,	ib. City, Town, C	or Location of Death		NCL=	P. 13	
-	Formal		5. Sociei Security Number 6.	Sex 7. Aq	a (In yrs. las		Undar 1 Yaar	If Undar 24 H	rs. 8. Date of Birt			OE OLUE	
	Funeral Director			.88	80		onths Deys	Hours Mi	n. (Month, De	y, Year)	Goun	laca (Stete or Foreign	
			Usual Residence of Decedant						June 6,	1910	VI	rginia	
	yland		10a. State 10b. County	_		Town or Locatio					11	0d. Inside City Limits	
	Mar Mar	ō	Maryland Prince (George's	Fort	Washin	ngton					1 ☐ Yes 2X No	
	r 28	Director	10e. Street end Number		L	10	Of. Zip Code			10g. Citizen of	What Coun	try?	
	th wit		7519 Blanford Dr:	Lve			2074	4		United of Ame		es	
	dea	Funeral	11. Meritel Status	12. Wes Decedent I Armed Forces?	Ever In U,S.	13. Wes	Decedent of H	Ispanic Origin?	(Specify Yes or No- erto Ricen, etc.)		e - Americ		
0	or h		1 ☐ Naver Merried 2 ☐ Married	1 ☐ Yes 2 🔯 N	No			Specify:	and ricen, etc.)		ck, Whita,	Atc.	
8	72 hours after death with the Maryland natural, or items 23s or 28s-f show deal Examiner must be notified at	d by	3 ☑ Widowed 4 ☐ Divorced	Yeer or Detes:			20110	Specify.		Specif	Blac	k	
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2	should be nd Mental marked o	မ	19e. Informent's Neme/Reletionship (Time Orien		405 Marilla - A	14 (011					0.71	
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Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryfan Department of Heatith and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show way fujury or other traumatic event, the Medical Examinet must be notified at ance.		1X Burial 2 ☐ Crametion 3 ☐		Chari	etery, cremetor	y or other plec	Cemete:	y Septembe				
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<u>ta</u>	ysician: The lew s certificate has b director, page 2 s	Be	25. Wes cese referred to medical exeminer?					26. Plece of D	eeth (Check only o	ne)			
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Division of Vital Records,	D 9 6		27. Mennar of Deeth 1 □Neturel 5 □ Pending	28e. Dete of injur (Month, Dey	Year) 26	Bb. Time of Injury	28c. Injury Work	at t?	28d. Describe h	now Injury occur	red		
000	tending leath. leath. tor: After the fune	catio	2 Accidant investigation			N	1 1 1	Yas 2□No					
Ž	i or Attendir elter death. Director: Af d in by the fu	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide determined	28a. Piece of Inju	ry - At home (Specify)	a, farm, straat, f	actory, office		28f. Location (S City or Tow		ber or Rural	l Routa Number,	
0	rai Delli												
	To the Hospital or Atl within 24 hours after of To the Funeral Direct completely filled in by	edicai	29e. Certifier (Check only one) 1 Certifying Ph	ysician: To the best on niner: On the basis of and menner ste	examinetion	dge, deeth occu n end/or investig	urred et the tim jetion, in my op	e, dete end ple pinion, deeth oc	ce, end due to the courred at the time, o	ceuse(s) end ma dete end piece,	anner as ste and due to	eted. the cause(s)	
	ithin of the plants	M	29b. Signeture end title of certifier	AC MOINTER STO	160.		29c. License	number		29d. Date signe	d (Month, I	Dev. Year)	
	⊢≯⊢ŏ		William ()	Jane,	/		C IIII	206				1996	
			30. Name end address of person who	completed cause of de	eth (Item 2	Re) (Tuna Drine)		200		August	1		
			William T. TI	AUNER MY	2 1	1301 / 3/	12 action	ROAd	Pt. WAS	HingTM	, M:	2	
	Sta		31. Dete filed (Month, Day Year)	1996 ² Port	rs Si tatur	yor Rada	14	-	1			•	
	Registr	ar	OFI T 6	1000	10 T 10 T 10 T 10 T 10 T 10 T 10 T 10 T								

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 27570

						Cei	rtificate c	of Death	7		Reg. No.			
	Physic /Medi	cai	Decedent'e Name (First, Middla, L	N/M/N		orras	S, JR.	-		2. Dete of De Month AUG	28 /	996	3. Time of Death	
	Exami	ner	JOSEPH RITCHI					LTIM	ORE 4c. County of D					
	Funeral Director		217-98-5324	Sex ↑ M 2□ F	7. Aga (In yrs. 30	lest birthdey) Yrs.	if Under 1 Ya Months Da		Min.	8. Data of Bi (Month, Di MAY 2	1h Year) 966	9. Birthi WASF	piaca (Stata or Foreign oto) INGTON, D	
	rland now		Usual Residence of Decedent 10a. Stete 10b. County		10c. Cit	ty, Town or Lo	ocation						10d. Insida City Limits	
	the Maryland 28e-f show sottlied at	ctor	MARYLAND BALT	CI.CITY		ВА	LTIMOF	RE					1 XYas 2 □ No	
	with the sor 2	Director	10e. Street and Number 828 EUTAW STRE	TET			10f. Zlp Cod	2120	1		10g. Citizan of What Country?			
50	after death with the Marylar or items 23s or 28s-1 show uniose must be notified at	/ Funeral	11. Marital Status 1 Wever Married 2 Merried	12. Wes Deced Armed Ford 1 □ Yas 2 If Yes, Giva	cas? 2 XNo		Was Decedent of Yas, specify C	of Hispanic C uban, Maxic	ecify Yas or No Rican, atc.)					
9	n 72 hours afte "natural", or N edicel Examin	ed by	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's E	Yaar or Det	tes:		dent's Usuei Oc			Specify: WHITE				
215	C * 6	Completed	(Specify only highest gr	ada completed) College (1-	40r 5±)	(Give	kind of work do DO NOT use rei	ne <i>during</i> me ired)	st of work	ring	16b. Kind of B	usinesa/in	dustry	
21	ed withing ygjene.	Com	Elementary/Secondery (0-12)		401 34)	CONST	RUCTIO				CONST		CION	
Maryland 21215-0020	Mental H Mental H srked off- stic even	To Be	17. Fether's Nema (First, Middle, Las ROGER BORRAS	•						,	, Meiden Sumer RYN ELL	.,	r.	
	and 2 sho alth and N 27 is me or traums		19a. Informent's Neme/Reletionship NELLIE K. BC			ng Address (Str			r Rural Route Number, City or Town, State, Zip Code) T. LAUREL, MD. 20724					
Baltimore,	Pages 1 a nent of Ha ext: If Nem ery or other		20b. Nethod of Disposition 20b. Piece of Disposition (Neme of cematary, crematory or other place) 20c. Location -										City or Town, State	
			SOUTHERN MEM.GARDENS 8-31-96 DUNKIRK, MARYLAND 21. Signeture of Funerel Service Licensee 22. Nama and Address of Fecility RAYMOND FUNERAL HOME											
Ba	Departi Depart Import any Inj gncs.		12/1	11-	0	1.7	RAYMONI DUNKIRI							
	(a)	П	23a. Pert1. Enter the disease, or con shock, or haert failure. List only	nplicetions that	mod the deat						rrest,		Approximata Interval Between	
	Physician /Medical	П	immediete Cause (Finel	Λ			100					1	Onset and Death	
	Examiner		disease or condition resulting in death)	· RESI	PRATO	Ly for es a consec	TRRES!	7				1	5 MIN	
	2 4	iner	_	REN		TLI		2CIN	MA	1		1	5MIN 14MOS	
	be execute ician and burial-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	u.	-	or es a conseq	-							
68760,	ate be an hysician the burla		cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	G	Due to (o	r es a conseq	neuca o():					i		
Box 68	certificate be nding physicia use as the bu	n/Medical	L a.											
O. B	ne death The atter thed for	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributions.									entributs t	tributs to the cause of death?	
	4 6 6										3 □ Probably 4 ☑ Unknown			
ds,	2 0.0	d by								240 18/00	an autopsy	24h W	/ere autopsy findings	
Hecords,	P 13 16	Completed									omed?	av co	valiable prior to empletion of cause death?	
	0 4 5	Somp								10	Yes 200		□Yes 2XNo	
Vital		Be	25. Was case referred to medical examiner?						ce of Deet	h (Check only	one)	1		
0	유 등 등 하 등 등	2	1 ☐ Yes 2 No 27. Manner of Death			ER/Outpatien	IT BUDOA			ma 5 Rasi		ner (Specil	NHOSPICE	
6	After fune	tion	15 Natural 5 Pending 2 Accident investigatio		, Day Year)	28b. Time of Injury		njuryat Vork? □Yes 2[28d. Dascribe	how injury occur	Ted		
Division of	or Attending etter death. Director: Afte i'n by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28a. Piace o	of injury - At ho		eat, fectory, office	DB .		28f. Location (City or To		ber or Run	al Route Number,	
_	pital pras el pras D filled)		29e. Cartifler Certifying Pr	welsten. To the h	and of my land	uladaa daab		. Al						
	To the Hospital within 24 hours of the Funeral completely filled	edical	(Check only 2 Medical Example)	nysician: To the b minar: On the bas end manne	ils of axamina	tion end/or inv	restigetion, in m	y opinion, de	eth occur	and due to the red at the tima,	data and place,	and dua to	o tha cause(s)	
	To the within 3 To the comple	Me	29b. Signature and title of certifier	0			29c. Lice	ense numbe		T	29d. Data signe	d (Month,	Dey, Year)	
	124		Dongles Q	500 1	MD		D	26	32-	7	8-28	, -9	6	
	3		30. Name and address of person who	completed cause	of death (Item	1 23a) (Type,	Print)	(C	1110	1 115	8-28			
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Beg	gistrer's Signa	iture 0	MRE,	() har (12/2/	7, 101	1 40	45		
	Registr	200		996	in Sauce	son-Rard	all							

State of Maryland / Department of Health and Mental Hygiene 96

							Ce	rtificat	e of	Death)		Reg. No.				
	Dhuala	!a	1. Decedent's Nema (First, Midd		-							2. Dete of D Month		Yaar	3. Tima of Death		
	Physici /Medi		BILLIE	10P				AUG	23	3 1996 4:1							
	Examir		4a. Facility Nema (If not institutio	_								ocation of Dea	th 4c. Count	y of Death			
L			4825 Westfield			- 4 6	t tue de la	If Under	1 Van		ipste			Carro			
	Funeral Director		5. Social Security Number 214–20–8943 Usual Rasidenca of Decedant	6. Sax 1⊊M		ga (In yrs. last	Yrs.	Months	Days		Min.	8. Dete of B (Month, D AOIC 26	y, Year) 1926	9. Birthplaca (Steta or Foreign Country) 6 Maryland			
	B 8 m		10e. Stete 10b. County			10c. City, T	own or Lo	ocation						10d. tnsida City Limits			
	death with the Marylar ms 23a or 28a-f show r must be notified at	tor	Maryland Ca	rroll						Ham	pste	ad			1 ☐ Yas 2 No		
	or 28	Director	10e. Street and Number 10f. Zip Coda 10g. Citizen of What								What Coun	Country?					
	23 w	ral	4825 Westfield Drive 21074 USA									JSA					
		Funeral	11. Maritel Stetus	A	12. Wes Decedent Evar in U,S. Armed Forces? 13. Wes Decedent of Hispai if Yes, specify Cuban, M					Hispanic Or ban, Maxica	Hispanic Origin? (Specity Yas or No- an, Maxican, Puerto Rican, etc.)			14. Race - Amarican Indien, Black, White, etc.			
0020	72 hours after death with the Maryla natural, or Nams 23e or 28e-f shou dicel Examiner must be notified at	by	1 Never Merried 2 Man 3 Widowed 4 Divorced	No WW	WW II 1□ Yas 2□ No Specify:						Specil	y: V	White				
17		Completed	15. Decedar (Specify only higha	t's Educations to grada con	n nplated)	1	(Giva	dant's Usua kind of wo	rk done	during mos	ing	16b. Kind of B	usinass/ind	Justry			
12	the Me	dmo	Elamantary/Secondary (0-12)	C	Collega (1-4or 5+) 4 Steamfi					•			Local Union 438				
9	Had Had		17. Fathar's Nama (First, Middla,	Last)	3		51	ceanii.	1TT6	1	ar's Nam	e (First, Middle	LOCa e, Meiden Surnai		on 438		
lan	should be of Mental marked o martic eve	To Be									11.						
Maryland 21215-0020	이 무 보 글	-	19a. informant's Neme/Ralationship (Type, Print) A. Jeanne Bishop- wife 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, 2 4825 Westfield Dr., Hantpstead, MD 21074										Stata, Zip	Code)			
	If Health them 27 other tr		20a. Method of Disposition			20b. Piece	of Dispo	sition (Nar	na of			Data	20c. Location		own. Stata		
OH.	0 = = 5		1 □ Buriei 2 □ Crametion														
Baltimore,	nit. Pa sartmen ortant: injury		4 Donation 5 Othar (Specify) Meadowridge Mem Park 8/26 Baltimor 21. Signeture of Funaral Service Licensee, 22. Name and Addrass of Facility											MA			
m	Per garage		Ateises		190	like		934	2 1	Wain 9			uneral H ad, MD 2				
ì	U ESPAIN	П	23a. Part1. Enter the disaasa, or shock, or haart failure. List	complicatio	ns that cause	d the daeth. D	Do not an					~		,1074	Approximeta		
а	Physician		SHOCK, OF HEART TERRORS. LIST	only ona ca	use on aach ii	na.								1	intarval Batween Onset and Death		
1	/Medical Examiner		immediata Causa (Finai diseasa or condition MALIGNANT MELANIMA, METASTATIC resulting in death)										2 HONTHS				
ı	Examine		rasulting in deeth)	a		Dua to (or as	e conse	quanca of):									
_	led lsit	nine.		b													
-	eath certificeta be executed attending physician and ifor use as the burial-transit	Examiner	Sequentially list conditions, if any, laading to immadiata			Dua to (or as	a consac	quance of):									
68760,	a be a siciar		cause. Enter Undarlying Causa (Disease or Injury that initiated events	c		Dua to (or es	0 000000	manca og/.									
	tificet ng phy as th	Medical	rasulting in daath) Lest			Dua (0 (0) 63	0 0011300	(uarica oi).						1			
Box	th cer tendir r use			d													
.O.	requires that the death cer seen signed by the attendin hould be detached for use	Physician	Pert it. Other significant condition	ne contribu	ting to death b	ut not rasuitin	g in tha u	ndarlying c	ausa g	ivan in Part	l.	23b. Dtd	tobacco use co	ontribute to	the cause of death?		
0	that the											3 Prot	bably 4 Unknown				
of Vital Records,	2 5 8	d by									24b W	era autopsy findings					
200	been si should I	Completed									ava	allabia prior to mplation of cause					
Rec	has pa 2	фщ													death?		
la			25. Was case referred to medica										Yas 26 No	1	Yes 2□No		
<u> </u>	Physician: this certific ral director,	o Be	axaminar? 1 ☐ Yas 2 ☑ No	Hospi	el:	ent 2□ER/	Outpatier	nt 3 DC) O	thar:		h (Check only	ona)	har /Snacih	(2)		
10	fing Phy n. After thi funeral	T:U	27. Menner of Death	28	a. Dete of inju (Month, Da		b. Tima o		8c. Inju				how Injury occu		"		
Division	Attending or death. ector: After by the fune	Certification:	1 Naturai 5 ☐ Pandir 2 ☐ Accident invasti	etion	(MONIN, DE	y roar,	tnjury	М		Yas 2	No						
Ĭ <u>×</u>	or Atteno after death Director:	ŧ	3 ☐ Sulcida 6 ☐ Could determ		a. Place of inj building, at	ury - At home c. (Specify)	, farm, str	aat, factory	, office			28f. Location City or To	(Street and Num.	ber or Rura	I Routa Number,		
	urs af urs af eral D																
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai	29e. Cartifiar (Check only one) Certifyin	Examiner: (: To the best on the basis of and mannar st	axaminetion	dga, deatl and/or in	n occurred vastigation,	et tha t , in my	ima, deta ar opinion, das	nd place, ath occur	and due to the red et the time	cause(s) and m , dete and place,	anner as st and dua to	ated. the cause(s)		
	With To th	~	29b. Signetura and titla of certifia	1				290	. Licen	se numbar		-	29d. Data signe	ed (Month, I	Day, Year)		
			1 G I-6	_					D	2173	0		8/2	3/96			
			30. Nama and addrass of person CARY COHEN 31. Data filled (Month, Day, Year)	who compla	ted causa of d	leath (itam 23	a) (Type, HITR	Print)	T.	BA	ter,	YOKE,	140 3	1204	1		
	Sta		31. Data fliad (Month, Day, Year)	1000	32. Registr	aris Signatura	Rad	M.									
	Registr	ar	SEP U) 1330	1												

State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	Death	Re	g. No.			. –		
-11	Diam't.		1. Decedant's Nama (First, Middle, Last						2. Dete of Deat	h	Vaar	3. Tima	of Death		
	Physic /Medi		MILLIAN WILLIAM CARRE						September	Yaar	1:20	AM			
	Exami		4a. Facility Nama (If not institution, give					4b. City, Town, or	or Location of Deeth 4c. County of Deeth						
			Physicians Memorial Hospital IaPlata							Charles	3				
	Funeral Director		201 07 3013	X 2 F 7. Age (In 79	yrs. last bir		If Under 1 Yeer Months Days								
	pue **		Usuel Rasidance of Dacedent 10e. Stata 10b. County	100	. City, Town	n or Loca	atlon				10	d Inside	City Limits		
	Mary	ō	Maryland Charle	20	Wald	lorf							es 2 DANo		
	the 28	Director	10e. Street end Number		Wait	OLL	10f. Zlp Coda		10	Og. Citizen of V	What Countr	v?			
	3a or	a D	304 Barksdale Ave	enue			2060)2		US					
21215-0020	within 72 hours after deeth with the Maryland ene. than "natural", or items 23a or 28a-f show he Madeal Exeminet must be notified at	by Funeral	11. Marital Status 1 Naver Married 25 Married 3 Widowed 4 Divorced	12. Was Decedent Evar Armed Forcas? 1∑Yas 2☐No If Yas, Giva Yaar or Dates: 194			es Decedant of fas, specify Cub	Hispanic Origin? (Span, Maxican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Rec	a - America ok, Whita, at	American Indian, White, atc. White			
2-0	n 72 hours	ted	15. Decedent's Edu	cation	16a.	Decedar	nt's Usual Occu	pation	etrina	16b. Kind of Bu	usinass/indu	istry			
21	s 1 end 2 should be filed within 72 ho If Health and Mentel Hygiene, Item 27 is marked other than "natur other traumatic event, the Medical	Completed	(Specify only highast grada completed) (Giva kind of work dona during most of we life. DO NOT usa retired) (Giva kind of work dona during most of we life. DO NOT usa retired)						rking						
	filed wi Hygien ther th	Co	12	2	A	irpl	ane Med	chanic		Federal Governme					
Pu	2 should be filed withir and Mentel Hygiene. is marked other than surnetic event, the M	Be	17. Fathar's Name (First, Middle, Last)					100000000000000000000000000000000000000	ma (First, Middle, N		na)				
yla	should nd Men marke umatic	2	Richard Clarke	Oldenburg											
Maryland	12 sh n and is m		19a. Informant's Name/Reletionship (7) Harriet L. Clarke			_			urai Routa Number,			code)			
	of Heaith							.e Avenue	, Waldorf			Chala			
Baltimore,			20a. Method of Disposition 20b. Place of Disposition (Nama of cometery, crematory or other place) 20b. Place of Disposition (Nama of cometery, crematory or other place) 20c. Location - City or Town, State 20c.												
Ball	permit. Page Department of Important: If any injury or once.		21. Signature of Europa Service Liver 22. Name and Address of Facility Huntt Funeral Home, Inc.												
	_		Benjamin Matthews M00658 P. O. Box 156, Waldorf, MD 20604-0156 23a. Part1. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval of the complex o												
	Physician /Medicai Examiner	_	Immediate Causa (Final disease or condition rasulting in death)	a cut	to (or as e	es		y Fo	ilvre		1	Onsat and	d Death		
Box 68760,	eath certificate be executed attending physician and for use es the burial-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to Immadiate causa. Enter Underlying Causa (Disease or Injury that initiated events rasulting in death) Last	Crente	to (or as a	40	carda	al Ja	foret	Te N					
	the atter	sici	Part II. Other significant conditions cor	ntributing to death but no	rasulting in	the und	erlying causa gi	ven in Part I.	23b. Dld to	bacco use co	ntribute to 1	the caus	e of/death?		
s, P.O	P > 2	by Physician/	Chronic Reval Failure							1 Yes 2 No 3 Probably 4 Unknown					
Records,	require been s should	Completed t							24a. Was ar perform	autopsy ned?	eval	e autops lable prio pletion of eath?	y findings or to f cause		
E	0 - 0	E							1 ☐ Ye	s 20 No	10	Yes 2	□ No		
Vital	dcian: The certificate rector, pag	Be	25. Was case referred to medical	4				26. Placa of De	ath (Check only one	9)					
1	5 0	To	axaminar?	lospitel:	2□ ER/Ou	tpatient	3□ DOA Ot	hac	loma 5 ☐ Rasida		er (Specify)				
n of	neral		27. Manner of Death 1 ⊠Natural 5 □ Panding	28a. Data of Injury (Month, Day Yea	28b. T	ime of	28c. Inju	iry at	28d. Dascribe ho	w Injury occur	red				
Division	i or Attending P after death. Director: After t d in by the funer	Certification:	2 Accident Invastigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. Place of Injury - building, atc. (Sp	At home, fa		M 1]Yas 2□No	28f. Location (Str.	reet and Numb , Stata)	er or Rural	Route Nu	ımber,		
۵	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	sal Cel	29a. Cartifier 1 Certifying Phys	sician: To the best of my	knowledga	, deeth o	occurred at tha t	ma, date end plece	, and dua to tha ca	use(s) end ma	innar as sta	ted.			
	he Hi in 24 he Fi	edical	(Check only one) 2 Madical Examination	ner: On the basis of exar end manner state	nination end	d/or invas	stigation, in my	opinion, death occu	irred at tha tima, de	ota end place,	and dua to t	ha cause	i(s)		
	To the com	×	290. Signature and tile of certifier	0000	/		29c. Licen	sa number	29	d. Data signe	d (Month, D	ay, Year)	-		
	/		D-37174							9	15	181	5.		
	1		30. Name and address of person who co							. /	1				
			Song Chon, MD Cennal	Medical Center	7C Po	ost O	ffice Roa	d Waldorf	MD 20602						
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registrer's S	ignatura	P									

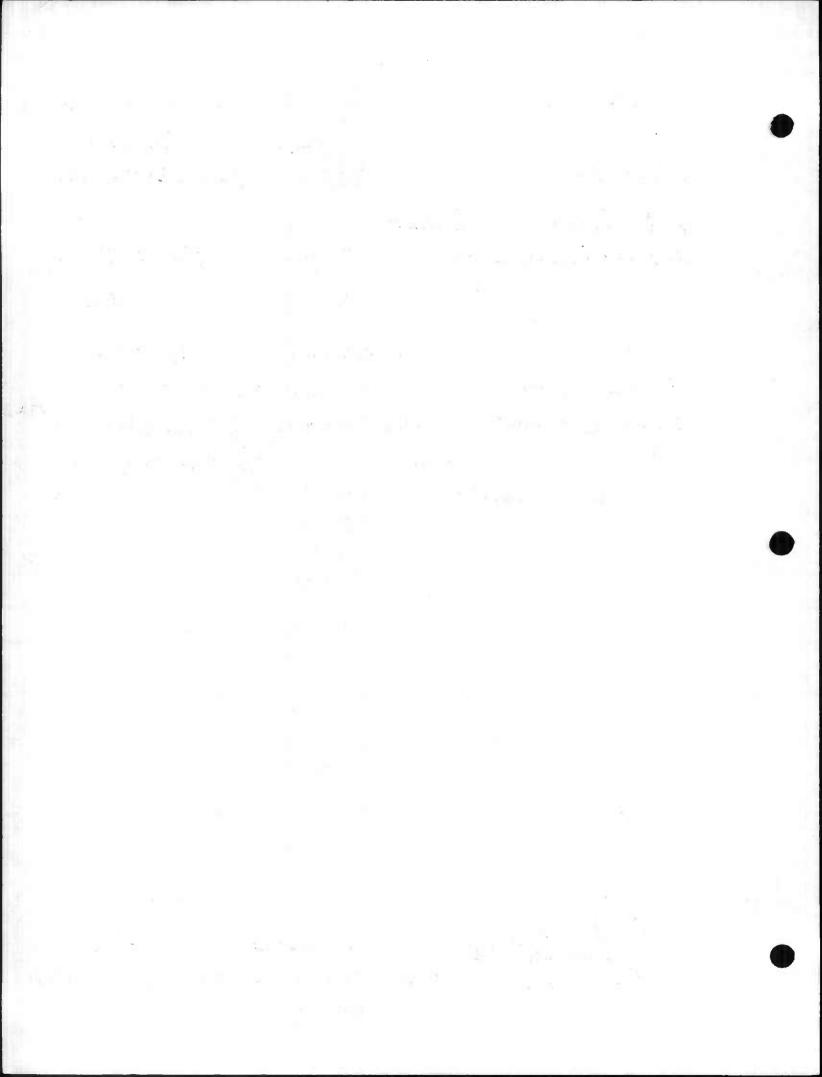
State of Maryland / Department of Health and Mental Hygiene 96

					Cei	tificate of	Death			Reg. No.	0	21010
	Discortation in the second sec		1. Decedent'a Name (First, Middle, Last)						2. Date of Dea	ath Day	Year	3. Tima of Death
Ü	Physici Medi/		Bethia Kay	Combs					Aug	28 199		5:30PM
ħ.	Examir		4e. Fecility Name (If not institution, give s	street end number)			4b. City, Tow	vn, or Lo	cation of Death	4c. County	of Death	
			Memorial Hosp	pital			Cumb	erl	and		All	egany
	Funerai		5. Social Security Number 6. Sex		yrs. last birthday)	If Under 1 Year Months Days	if Under 2 Hours	4 Hrs. Min.	8. Date of Birt	h V Vaar)	9. Birth	place (State or Foreign
н	Director		2,32, 2,1-3310	M 20XF	14 Yrs.	Wionking Days	710010		July 1	2,1982	Vir	ginia
	pu .		Usual Residence of Decedant 10a. State 10b. County	100	. City, Town or Lo	action					1	and traile on their
	aryle	-	WV Hampshi		Romney	Cation						10d. Inside City Limits 1 ☐ Yes 2 ☐ No
	Ne M	act c	-			1.0 -0 2.00						
	With With	占	HC 63, Box 2710			10f. Zip Code 2675	7			U.S.A.	Vhat Cou	ntry?
	s 23	Funeral Director		10 Was Daniel Tour	-110 401			1.0.40				
	Her de	Ľ'n.	11. Marital Stetus 1 Never Married 2 Married	12. Wes Decedent Ever i Armed Forces?	n u,s. 13. v	Was Decedent of I f Yes, specify Cub	en, Mexican,	Puerto I	Rican, etc.)		k, White,	can indian, letc.
20	ie s	by F	3 Widowed 4 Divorced	1 ☐ Yes 2. No If Yes, Give Year or Detes:	1	I ☐ Yes 2 No	Specify:			Specify	· Whi	te
Ö	2 hou	Pa	15. Decedent's Educ		16a, Deced	lent's Usuel Occup	ation		1	16b. Kind of Bu	ısiness/în	dustry
715	n n	plet	(Specify only highest grade	completed)	(Give	kind of work done OO NOT use retire	during most	of workli	ng			
212	with the	Completed	Eiementary/Secondary (0-12)	College (1-4or 5+)	S	tudent				Jr. H	igh S	School
D	ent of the	Be C	17. Father's Name (First, Middle, Last)				18. Mother	's Neme	(First, Middle,	Meiden Sumem	Θ)	
lar	lenta fenta fices	ToB	Eugene David (Combs Jr.			Kay	Ве	ell Ri	denour		
any	Should A bridge		19a. Informant's Name/Ralationship (Ty)	pe, Print)		g Address (Street				or, City or Town,	State, Zij	o Code)
Σ	elth a		Kay B. Shingleton	, Mother	HC	63, Box	2710,	Ron	mney,	WV 267	57	
ore	of He oth		20a. Method of Disposition		b. Place of Dispo	sition (Name of netory or other pia	ce)		Date	20c. Location -	City or T	own, State
Ĕ	Page Int: If Iny or		14 Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	emoval from State		Cemeter	,	ept.	1, 199	6 R	omne	y. WV
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mental Hyglene. Important: if item 27 is married other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Empirer must be notified and		21. Signeture of Fuheral Service License	99	A 22	. Neme end Addre	ess of Fecility	/				
m	80 5 6		1 Small	M man V		Shaffer 230 East	Funera Main	al Ho	ome, In	C. WV	2675	7
			23a. Part1. Enter the disaase, or complice shock, or heart failure. List only on	cations that daused the c	leath. Do not ente				-	, ,		Approximate
V	Physician	6 1	Shook, of float failule. List only of	e cause on each line.							1	interval Between Onset and Death
á	/Medical		Immediate Cause (Final disease or condition	Closed h	ead in	iurv						18 hours
П	Examiner		resulting in death) e	Automobi								
	P #	iner	_ ,	Automobi	le acc:	ident					1	18 hours
	pertificate be executed ding physician and se es the buriel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due t	o (or as a conseq	uance of):						1.00
× 68760,	cian buriel	E E	Cause (Disease or injury									
87	physi the	edical	that initieted events resulting in death) Last	Due to	o (or as a consequ	uance of):						
×	ding s	Me									<u> </u>	
m	deeth o	clar										
O.	y the	Physician	Part II. Other significant conditions con		resulting in the ur	nderlying cause giv	ven in Part i.					o the cause of death?
S, D	res that the deeth signed by the atter be detached for u	by Pt	Pulmonary contus	sions					10	Yes 2 No	3∐ Pro	bably 4 Unknown
rds	requires that the seen signed by the hould be detach								24e. Was	an eutopsy		ere autopsy findings
Record		lete							perfo	rmed?	CC	valiable prior to empletion of cause death?
Re	The lew ate hes b page 2 s	Completed							orga			
ta	ician: The certificate rector, pag		25. Was case rafarred to medical				OC Piere	of Dooth		/		☐ Yes 2☐ No
Division of Vital	Physician: this certific ral director,	To Be	examiner?	ospital:	2 ER/Outpatien	3 DOA Ott	or:		(Check only o	lence 6 □Oth	or /Snank	60
0	a Physeratic		27. Mannar of Death	28a. Date of Injury	28b. Time of					ow injury occurr	-	
ō	Attending or death. ector: After by the fune	atio	1 Natural 5 Pending investigation	Aug 27 19		55MPM 10	Yes 2		uto ag	gcident wher	iit	ub thrown
Vis	or Attending Peffer death. Director: After t	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Place of injury - A building, etc. (Sp.	N home, farm, stre	et, factory, office		2		Street and Numb		al Route Number,
	A =	Ce		state r	oád						Ro	mney W Va
	toepi t hou uner	edical	29a. Certifier 1 Certifying Physical Care Control 2 Medical Examin	ician: To the best of my or: On the basis of exam	knowledge, daath	occurred at the tir	me, date and	place, a	and due to the d	causa(s) and ma	nnar as s	stated.
	To the Hospital of within 24 hours of To the Funeral D completely filled in	Medi	T' Y //	and manner stated.								
	5 × 5 × 5		29b. Signature and title of certifier			29c. Licens	e number			29d. Dete signed	(Month,	Day, Year)
	41		Krey		y Med 1		09157			Aug	28	1996
1	ML		30. Name and address of person who cor Paul Snow, M				mbr zo sc1	lond	MD 2	1502		
	100	٠				reet, Cu	minwel.]	Lalid	, FID 2	1502		
	Sta Registr		31. Data filed (Month, Dey, Year) SEP 0 4 1998	Samuel Supple	gnature mordail							

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State of Maryland / Department of Health and Mental Hygiene 96 27574

					Certifica	ate of Death	Re	g. No.	21014
	Physici	an	1. Decedant's Nama (First, Middla, Las	ASH			2. Data of Death	•	3. Tima of Death
N	/Medi	al				4h City Tourn or	8		6:06 AM
	Examir	er	4a. Fecility Name (If not Institution, give	ALHAMBRA AVE		Boll'	Location of Daeth	4c. County of Dea	th O
Н	Funeral		5. Social Security Number 6. Si	ax 7. Age (In yrs	. last birthday) If Und	der 1 Yaar II Undar 24 Hrs		DAJF i ME	thplace (Stata or Foraign
	Director		228 -24 -0802 1 Usuel Residanca of Dacadant	□ M 2 F	65 Yrs. Month	ns Deys Hours Min	(Month, Day,		thplace (Stata or Foraign puntay)
	show		10a. Slata 10b. County		ity. Town or Location				10d. Inside City Limits
	the Man 28a-f sh	Director	Ma. Diffine	·e 154	Himere				1 Yes 2 No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dire	10e. Street and Number	1 - 0	10f.	Zip Coda	10	g. Citizan of What Co	ountry?
	eth w	rai	47/29/hgm	bra Hu	~	2/2/2	U	Nited S	itates
_	items items	Funeral	11. Maritel Status 1 Nevar Merried 2 Married	12. Was Decedant Ever in I	U,S. 13. Was De	cedant of Hispanic Origin? (S pecify Cuban, Maxican, Puer	Specify Yes or No- to Rican, atc.)	14. Race - Ama	
020	ai', or	by I	3 Widowed 4 Divorced	1 ☐ Yes 2 X No If Yas, Give Yaar or Dates:	1 ☐ Yas	20 No Specify:		Specify:	IK
21215-0020	n 72 hours after death with the Maryland "natural", or Herm 23a or 28a-f show of cal Examinating the rectified	ted	15. Decedant's Ed	ucation	16a. Decedant's U	suel Occupation	intrine 1	6b. Kind of Business	/Industry
21	d within Jiene.	Completed	(Specify only highest grade Elementary/Secondary (0-12)	Collega (1-4or 5+)		work done during most of wo use retired)	rking	1.	
		Co			Hous	ewife		Um est	, C
Maryland	0 2 0 0	Be	17. Fathar's Name (First, Middla, Last)	ed		0	ma (First, Middla, N	laidan Sumama)	1150
Z	should by and Mente marked umatic ev	P	19a. Informant'a Name/Raiationship (7	ma Brint	10h Mailing Addres	ass (Street and Number or R	516 MY	NA FI	PNUG
N S	od 2 sho lith and 17 is m		Enma (7)	swell	2 9 9 5 Naming Address	W.W.	urei Houta Number,	City or rown, Stata,	Zip Code) 478
re,	f Heelth tam 27 i		20a. Mathod of Disposition	20b.	Plece of Disposition (f	Vama of	Deta 2	Oc. Location - City or	Town, Stata
E O	80=2		1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify		cametary, crematory of	Cam	dri 4 1	Dookslan	1/4
Baltimore,	교통결류	ľ	21. Signature of Funaral Sarvice Licens		22. Nama	and Address of Fecility	DA 1	9,2003109	V:C
0	Depa Impo any ir		Voith 8	Wharlow	221	171 WHANDIN	AC	Comac VI	4. 23301
			23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only of	illcetions that caused tha dea	ith. Do not entar tha m	oda of dylng, such as cardia			Approximete Intervai Between
V	Physician		onod, or near rande. Else only			1			Onset and Death
-4	/Medical Examiner		Immadiata Cause (Fine) diseasa or condition resulting in daath)	. LYMPH	oma, F	tigh gru	tae		~2yrs
		<u>_</u>	rooming in death)	CNS Due to	or as a consequence	9:			
	unsit	Examiner		b	PIVERO	<u> </u>			
ć	exect in and iel-tra	Exa	Sequentially list conditions, if any, leeding to immadiate causa. Entar Underlying	Dua to (or as a consequence of	01):			
68760,	cete be executed physician and s the buriel-transit		Causa (Disaase or Injury that Initiated avants	C. Dua to (or as a consequanca o	n.			
	E 0 6	Medical	rasulting in deeth) Last			•,•			
Box	that the death cert ned by the attendin detached for use	an		d					
	e death the atter hed for u	Physician/	Part II. Other significant conditions co	ntributing to death but not re	sulting in the underlying	g causa givan in Part I.	23b. Did tol	pacco use contribute	to the cause of death?
P.0	hat the by detac						1 □ Ye	8 2 No 3 □ P	robably 4 Unknown
Records,	8 5 6	d by					040 19400 00	autonou 24h	Wera sutopsy findings
200	- JU (f)	Completed					24a. Wes an perform	ed?	availabla prior to complation of causa
Re	hes pe 2	dmo					.00	_/	of death?
Vital	ician: The		25. Was casa rafarred to medical			OR Place of De	1 ☐ Ya		1 ☐ Yas 2 No
>	Physician: r this certific rral director,	To Be	axaminer?	Hospital: 1 ☐ Inpatlant 2 ☐	☐ER/Outpatient 3☐	Other:	ath (Check only one	nca 6 Other (Spe	orifu)
Jou	는 무료	- L	27. Manner of Deeth	28a. Data of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe ho		ony,
Ö	ath. vr: Aft	atio	1 Netural 5 Pending invastigation	(World, Doy real)	M	1 Yas 2 No			
Division	r Atterder de	Certification:	3 ☐ Sulcida 6 ☐ Could not be 4 ☐ Homicida determined	28a. Placa of Injury - At I building, atc. (Speci	noma, farm, straat, fact	ory, offica	28f. Location (Str. City or Town,	eat and Number or Ri Stata)	ural Routa Number,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral								
	Hosp 24 hos Fune (sely fi	edical	29a. Certifier Certifying Phy (Check only one) Modified Exam	sician: To the best of my knoiner: On the basis of examine	owledga, deeth occurre etion end/or invastigati	ed at tha time, deta and plece on, in my opinion, death occ	e, end dua to the ca urred at tha time, de	use(s) and mannar as te and place, and dua	s stated. a to tha cause(s)
	ithin the complex	Me	29b. Signature and title certifier	and mannar stated.		29c. License number	29	d. Date signed (Ment	h Day Year)
	F ≱ F 8		1 MITTE	il un		D 31650		2790	7(-
		+	30. Name and addrass of person who c	ompiated causa of death /ite	m 23a) (Tyne Print)	REENE S			. –
		1	JOHN GIM	THELL 2	2 5. G	REENE S	T. BAI	TO, MI	. 21201
	Sta	е	31. Data filed (Month, Day, Year)	32. Registrar's Sign					

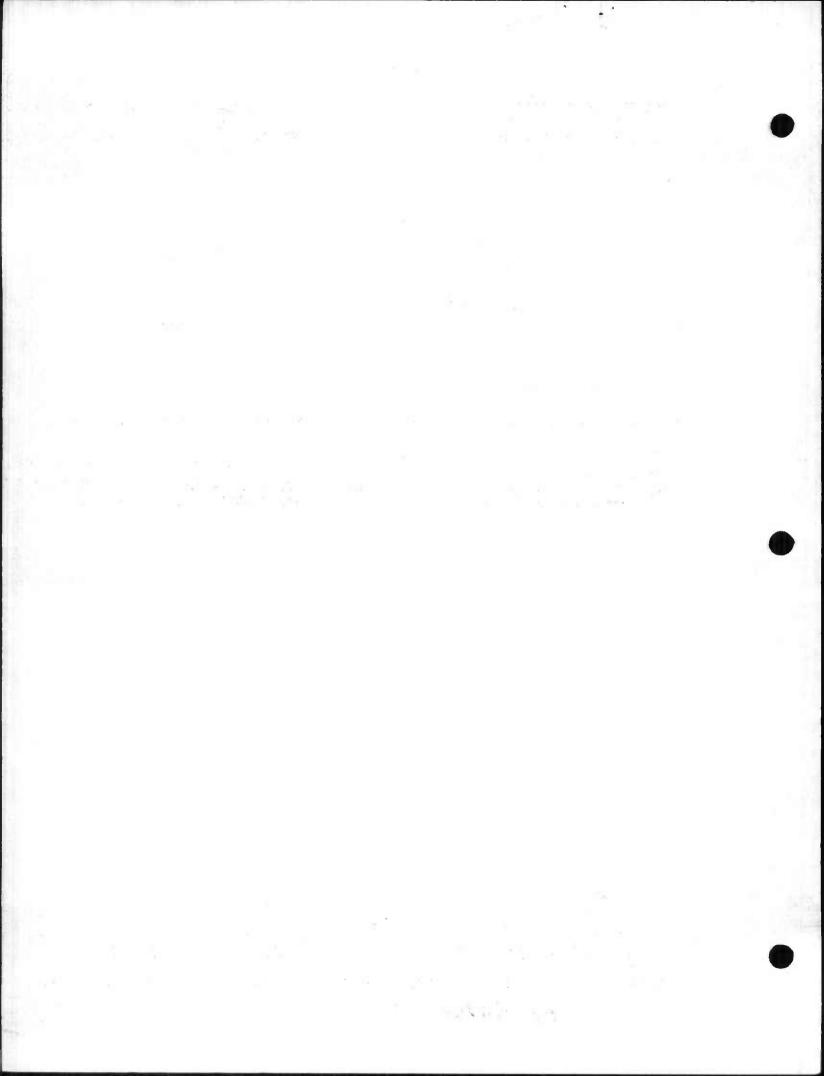


State of Maryland / Department of Health and Mental Hygiene Q 6

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				Certificate of Death	Reg. I	No.	21010
	Physic	an	Decedant's Nama (First, Middla, Last)		2. Data of Death	Day Yaar	3. Time of Death
	/Medi		ROBERT HARRY COATES		EPTEMBER	1, 1996	9:25 PM
	Examir	ier	4a. Facility Nama (If not institution, give street and number) NATIONAL INSTITUTES OF HEALTH	4b. City, Town, or Loc BETHESDA	ation of Death	4c. County of Deal MONTGOME	
	Funeral Director		5. Social Security Number 045-20-9591 Usual Rasidance of Decedant	r brithday) Yrs. If Under 1 Year Months Days Hours Min. Months	8. Data of Birth (Month, Day, Yea larch 17, 1	9. Bird 1927 New	tholaca (Stata or Foreign ountry) York
	yland		10a. Stata 10b. County 10c. City,	Town or Location			10d. Inside City Limits
	Ba-fal	ctor	Virginia Peters	sburg			MYas 2□No
	vith th	Director	10e. Street and Number	10f. Zip Coda	10g.	Citizen of What Co	untry?
	eath v	eral	2908 Forest Hills Road 11. Marital Status 12. Was Decedant Evar in U.S.	23805	U.S	14. Race - Ama	rican Indian
020	permit. Peges 1 and 2 should be filled within 72 hours after death with the Meryland Department of Heelth and Mental Physiene. Important: if item 27 is marked other than "natural", or heme 23a or 28a-f show amy Injury or other traumatic event, the Medical Examiner must be notified at 2008.	by Funeral	1 Navar Married 2 Married 1 Navar Married 2 Narried Forcas? 1 Navar Married 2 Narried 1 Navar Married 2 Narried 1 Navar Married 2 Narried 1 Navar Married 2 Narried 1 Navar Married 2 Navar or Datas: 2 7	13. Was Decedant of Hispanic Origin? (Specif Yas, specify Cuban, Maxican, Puarlo R	tican, atc.)	Black, White	a, atc.
Baltimore, Maryland 21215-0020	in 72 ho	Completed	(Specify only highast grada complated)	16a. Decedant's Usual Occupation (Giva kind of work dona during most of workin lifa. DO NOT usa retired)	16b.	. Kind of Business	Industry
212	filed within Hygiene. ther than	mo	Elemantary/Secondary (0-12) Collega (1-4or 5+) 5+	Colonel		S. Army	
pu	al Hy d other	Be	17. Father's Nama (First, Middla, Last)	18. Mothar's Nama			
Zla	should be nd Mental marked o	2	Charles Milton Coates	Eglantine			
N S	d 2 sh th and 7 Is n traun			19b. Malling Address (Street and Number or Rural 2908 Forest Hills Road,			
re,	f Heelth Item 27 other tr		20a. Mathod of Disposition 20b. Place	ce of Disposition (Nama of natary, crematory or other place)		Location - City or	
E C	Peges nent of It int: If its any or of		1 M Burial 2 Li Cramation 3 Li Ramoval from Stata		/6/96 Pri	nce Geor	ge, Virgini
Balt	Departri Departri Importa any Inju		21. Signature of Funeral Scholog Licensee	22. Nama and Address of Facility ROBERT J		FUNERAL	HOME, INC.
Ţ	Physician	1	23a. Part1. Enter the disease, or complications that caused the death. shock, or heart failure. List only one cause on each line.				Approximata Intarvai Between Onsat and Death
	/Medical Examiner	1		ubalus leading to Respiratory	and Cardi	iac Arrest	5 hrs
	100	Jer	Dua to or a Hepatocellula	as a consequence of): AV CAVA NO MA	,		3 mos
	icete be axecuted physician end s the burial-trensit	Examiner		s a consequance of):			2 11103
60,	be axe clan e burial-		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Disease or injury	ic Hourt Disease			loyrs
68760,	physis the	Wedical	rasulting in death) Last Due to (or as	s a consequence of):			
Box	r certifice anding ph use es t		d. Diabetes M	iellitus			10 ALR
. 8	deeth ce	Physician/	Part II. Other significant conditions contributing to death but not resulting	ng In the underlying cause given in Part I.	23b. Did tobac	co use contribute	to the cause of death?
s, P.O.	The law requires that the deeth certificete be associated that has been signed by the attending physician end page 2 should be detached for use es the bunal-trensit	by Phy	Hypertension		1 Yes	2 No 3□P	robably 4 Unknow
Division of Vital Records,	aw require s been si 2 should I	Completed	Perigheral Vascular Disease		24a. Was an au performed	?	Ware autopsy findings available prior to completion of cause of daath?
ž		Com			1 D Yas	2 🗆 No	1 Yes 2□ No
VI ta	Physicien: The L rthis certificate he ral director, page	Be	25. Was casa rafarred to madical examinar?	26. Pleca of Death	(Check only ona)		
ō	Physical direction	To	TLI Tas 200 No 11 Inpatiant 2LIEF		na 5 Rasidance		cify)
0	ath. :: After e fune	ation	1 Natural 5 Panding (Month, Day Year) 2 Accident invastigation	8b. Tima of 28c. Injury at Work? M 1 Yas 20 No	NA		
Divis	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completaly filled in by the funeral	Certification:	3 Suicida 6 Could not be datarmined 28a. Place of Injury - At home building, atc. (Specify)		8f. Location (Street City or Town, St	and Number or Ri ata)	ıral Roufa Number,
	To the Hospital within 24 hours a To the Funeral Completely filled	edical (29a. Cartifiar (Check only one) Certifying Physician: To the best of my knowle control of the basis of examination and mannar stated.	idga, daath occurred at tha tima, data and place, and and/or invastigation, in my opinion, daath occurred	nd dua to the cause d at tha tima, data a	e(s) and mennar as and placa, and due	stated. to the cause(s)
	To the To the	Me	29b. Signature and title of certifier	29c. Licanse number	29d. í	Data signed (Mont	h, Day, Year)
			30. Name and addrass of person who completed cause of death (Itam 2:	(679.13 3a) (Type Print)		9/2/9	6
			NTH - Building 10/ Paran 284	- 14	70897	DAVID S	LEE, M.D.

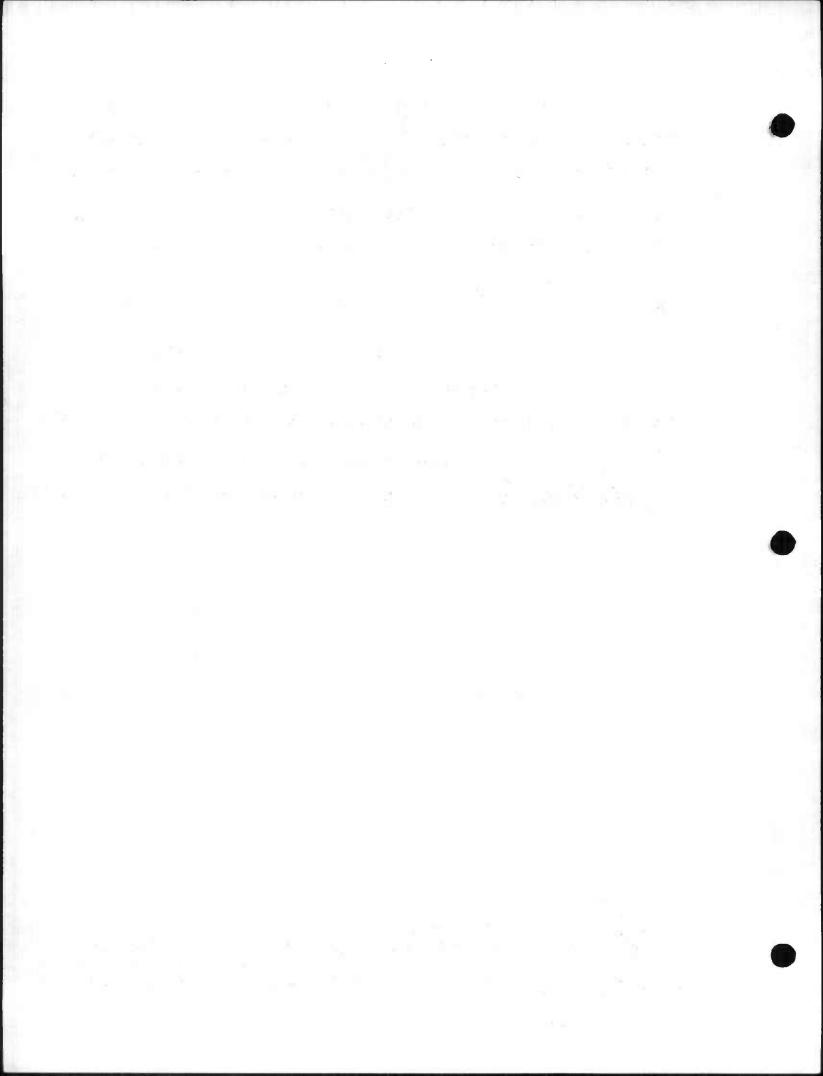
State Registrar



State of Maryland / Department of Health and Ment

tal	Hygiene	9	6	2	7	5	7	6

20b. Please of Disposition Name of Dete 20c. Location - City or Town, State Dete 20c. Location - City or Town, State Dete 20c. Location - City or Town, State Substantial Substantia					Cer	tificate of	Death		Reg. No.		100
A Facility Nema (If and inflationary programmed and programmed) A Facility Nema (If and inflationary programmed) A Facility Nema (If and inflati	Physici	ian							-	Year	
ATLANTIC GENERAL HOSPITAL 2017-05-51/73 8-30 yrs, her primary flower primary fl				LOIS M.	CASON			Augus	r 31', 1	1996	1359
5. South Security Number 1. To Market Street 1. To Control 1. T				In the second se			111	Location of Dear			
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To State Inc. County To State The County The Property To County The County To			247-05-5173					6. Dete of Bi	ay Year)	9. Birth	bleca (Stata or For
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RUSSELL CARRIE WATKINS 196. Informant's Norma-Steetscharbip (Type, Print) BARBARA JEAN LEBLANC 108. Welling Address (Shreet and Number or Plantal Steets Autonoble Visione). City or Town, Steet, 2p Code) 108. Informant's Norma-Steetscharbip (Type, Print) BARBARA JEAN LEBLANC 108. Welling Address (Shreet and Number or Plantal Steets Autonoble Visione). City or Town, Steet, 2p Code) 108. BARBARA JEAN LEBLANC 108. Welling Address (Shreet and Number or Plantal Steets Autonoble Visione). City or Town, Steet City or To	8a-1 sho	ector			0ce	AN CIT	Υ				
RUSSELL CARRIE WATKINS 196. Informent's Nemes Release contributing for your, Print) BARBARA JEAN LEBLANC 108 WORCESTER ST., OCEAN CITY, Mp., 21842 200. Method of Disposition (James and Number or Plantal globes Numbers, City or Town, State 20 Code) 200. Method of Disposition (James and Number or Plantal globes Numbers, City or Town, State 20 Code) 21. Signature of Funding Standard Location (James and Numbers) 22. Name and Address of Feeling Volume or Funding Standard Location (James and Numbers) 23. Name and address of Feeling Volume or Funding Standard Location (James and Numbers) 24. Part of the standard Standard Location (James and Numbers) 25. Signature of Funding Standard Location (James and Numbers) 26. Part of Code (James and Numbers) 27. Signature of Standard Location (James and Numbers) 28. Part of Code (James and Numbers) 29. Part o	23a or 2	ai Dire	108 WORCESTER	STREET		10f. Zin Code 2184	2			What Cour	ntry?
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RUSSELL CARRIE WATKINS 196. Informant's Norma-Steetscharbip (Type, Print) BARBARA JEAN LEBLANC 108. Welling Address (Shreet and Number or Plantal Steets Autonoble Visione). City or Town, Steet, 2p Code) 108. Informant's Norma-Steetscharbip (Type, Print) BARBARA JEAN LEBLANC 108. Welling Address (Shreet and Number or Plantal Steets Autonoble Visione). City or Town, Steet, 2p Code) 108. BARBARA JEAN LEBLANC 108. Welling Address (Shreet and Number or Plantal Steets Autonoble Visione). City or Town, Steet City or To	than "n	omple			(Giva		during most of wo	orking			
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Substance Subs	fenta feed fic ev	0 8		Russel	L		CAR	RIE WA	TKINS		
Sequentially list conditions Substance	A Due	-	19e. Informent's Neme/Reletionship		19b. Meilin		t and Number or R	lural Route Numb		, State, Zir.	
Substance Subs	27 i		BARBARA JEAN	LEBLANC	108 W	ORCEST	ER ST.,	OCEAN	CITY,	MD.	, 21842
22. Signature Fungers Service Licenses 23. Signature Fungers Service Licenses 24. Signature Fungers Service Licenses 25. Signature Fungers Service Licenses 26. Signature Fungers Service Licenses 27. Signature Fungers Service Licenses 28. Signature Fungers Service Licenses 28. Signature Fungers Service Licenses 29. Signature Fungers Service Licenses 20. Signature Fungers Service Licenses 22. Name and Address of Facility 23. Signature Service Licenses 24. Name and Address of Facility 24. Name and Address of Pacility 24. Name and Address of Pacility 24. Name and Add					Plece of Dispos cemetery, crem	sition (Name of netory or other ple	ace)	Dete	20c. Location	- City or To	own, State
The state of the s	発音を		4 □ Donation 5 □ Other (Spec		SET M	MEMORIA	L PARK	9-4	BERLIN	N MI).
The state of the s	apart report ny in		21. Signature of Funeral Service Lio	ensee //-/			,				
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Maryland 21215-0020	72 hours after deeth with the Maryland netural, or items 23s or 28s-f show final Examiner must be notified at	by Funeral Director	1 Never Merried 2 Married 3COVidowed 4 Divorced	Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes:	? No		Yes, specif		tispanic Origin? (Spe en, Mexican, Puerto Specify:	Rican, etc.)	Ble Specifi	ck, White, e	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** Month Year 1996 Coby 1425 John August 28, /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Calvert Memorial Hospital Prince Frederick 8. Dete of Birth (Month, Dey, Year) Feb. 24, 1913 Calvert 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 9. Birthpiece (State or Foreign Country) Maryland Months Deys Hours 1XM 2□ F 83 213-22-0027 Vrs Usuei Residenca of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland N/A Director Baltimore 1 XYes 2 No 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 2551 Fairmount Avenue 21223 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Rieck White etc. t ☐ Yes 2 XNo If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No p Specify: Black 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Carpenter Construction 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Jacob Coby 2 Henrietta 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) John Phillip Coby/Son 2551 Fairmount Ave. Baltimore, MD 21223 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremation 3 ☐ Remove from State 4 ☐ Donetion 5 ☐ Other (Specify) Holland Cemetery 9/3/96 Huntingtown, MD 21. Signature of Funerel Service Licensee 22. Neme end Address of Facility Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, MD 20678 23a. Part1. Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete intervei Betw Onset end Deeth Immediate Cause (Finei Sepsis diseese or condition resulting in deeth) Due to (or es e consequence of): Examiner ileppera Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Physician/Medicai Due to (or es e consequence of) Pert fi. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes ZEN Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manryer of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Pieca of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Xcertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steted. 29a. Certifier Wedical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Salow D17168 arm or ce

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Funeral

Director

28a-f show

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Records,

Division of Vital

To the Hospitai or Attending Physician:

death.

Peges 1 e

Baltimore, Maryland 21215-0020

State Registrar 31. Dete filed (Month, Day, Year) SEP

1996

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Dr. K. Yazdani, M.D., Huntingtown, MD 20639 32. Registrer's Signeture

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Reg. No.		
ı	Dhuala		1. Decedent'e Neme (First, Middle, Las	st)					2. Dete of De	eth	Vana	3. Time of Deeth
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λ	Exami		4e. Fecility Neme (If not institution, give	street and number)				4b. City, Town, or	Location of Death			par
L			Sacred Heart Hosp	oital				Cumberl	and	All	egany	
	Funerai		5. Social Security Number 6. S	9x 7. Ag □M 2X F	e (In yrs. lest bi	rthdey) Yrs.	If Under 1 Yea Months Deys	r If Under 24 Hrs Hours Min		h y, <i>Year)</i>	9. Birthp Coun	iece (Stete or Foreign itry)
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	yland how		10e. Stete 10b. County		10c. City, Tow	m or Loc	eation				1/	0d. inside City Limits
	e Ma	Director	Maryland Garre	ett	Grants	vill	e					1 ☐ Yes 2 ☒ No
	or 2	Pie	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Coun	try?
	ath w	rai	299 Hemlock Dr					21536		US		
	er de Herm	Funeral	11. Maritel Stetus	12. Wes Decedent (Armed Forcee?		13. W	es Decedent of Yes, specify Cu	Hispanic Origin? (ben, Mexicen, Pue	Specify Yes or No- rto Rican, etc.)	- 14. Red Bie	ce - America ck, White,	
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o.	the the	Physician/	Pert ii. Other significent conditions co	ntributing to death bu	not resulting in	n the und	derlying cause o	iven in Part I.		(/	11	the cause of death?
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	UKC		30. Name and address of person who o					nauland	MD 2150	2	0 - 1	
	Sta	te	Shin Kim, M.D., 31. Date flied (Month, Dey, Year)					berland,	MD 2150	2		
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	ylend		Usuel Residence o	10b. County	,	10c.	City, Town or Lo	cation			-	1	10d. Inside City Limits
	Mar Mar	to	WV	Hamps	shire	F	3loomery						1 ☐ Yes 2√ No
	or 28	Director	10e. Street and Nu	mber				10f. Zip Code			10g. Citizen of	What Cour	ntry?
	th wi		P.O. 1	Box 31				2681	7		U.S	. A .	
	ems erre	Funeral	11. Maritel Stetus		12. Wes D	ecedent Ever in Forces?	U,S. 13.	Ves Decedent of H	tispanic Orlgin	? (Specify Yes or N Puerto Rican, etc.)	o- 14. Ra	ca - Americ	
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sion	To the Hospital or Attending Physician: within 24 hours after deals as a feet deal To the Funeral Director: After this certifica completely filled in by the funeral director,	Certification:	27. Menner of Death 132 Netural 2 Accident	5 Pendin Investig	g (Mo	te of Injury onth, Dey Year)	28b. Time of Injury	28c. Injur Wor M 1 □	yet k? Yes 2 □ No		how injury occur	rred	
DIX	al or Att s after d il Direct od in by	Sertific	3 ☐ Sulcide 4 ☐ Homicide	6 Could determ	ined 200. Fie	ce of Injury - At Iding, etc. (Spe	home, ferm, stre cify)	et, fectory, office			(Street end Numi wn, Stete)	ber or Rura	I Route Number,
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	Sta Registra		31. Dete filed (Mont	MIG 2		Registrar's Slo		JI .					

DHMH 16 Rev 6/95

1. Decedent's Neme (First, Middle, Last)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2. Dete of Deeth

27582

3. Time of Death

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Fun	erai	Г

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Bey TIMOTHY SEPT. CANADY. 1996 0945 AM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 510 BLOOM STREET BALTIMORE 5. Sociel Security Number 6. Sex ≠ M 2 F 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Month Day, Y. 10/10/66 Birthplace (State or Foreign Country) Hours 29 173-58-3317 Yrs. Phila. Director Usuel Residence of Dacedent 10e. Stete 10b. Count 10c. City, Town or Location 28a-f show 10d. Inside City Limits must be notified at MD Baltimore Baltimore, Maryland Director 1 Yea 2 □ No the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6 510 Bloom Street, Balt MD items 23a USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 X Nio If Yes, Give Yeer or Detas: 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. permit. Peges 1 and 2 should be filed within 72 hours effer to Depertment of Heelih and Mental thygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Engineer once. Black, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 Specify: Black 1 ☐ Yes 2XXNo Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Uauel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) llth Short Order Cook Restaurant 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Ralph T. Green Dorothy Canady 19e. Informent's Neme/Ralationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Dorothy Canady Kirby (Mother) 6608 Ross Street, Philadelphia PA 19119 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetary, crematory or other place) 20c. Location - City or Town, Stete 1 ☐ Burlal 2 Ocremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Lansdale Crematory 9/10/96 Lansdale, Penna 21. Signeture of Funeral Service H 22. Neme end Address of Fecility PERRY FUNERAL HOME INC, 2059 W. Oxford St. Phila PA 19121 Part 1. Enter tha disease, or complications thet caused the deeth. Do not enter the mode of dying, auch es cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medical tmmedieta Ceuse (Finel ACQUITED THHUNG DEFILIENCY SYNDROME diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated evants resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐No 3 ☐ Probably 4 ☐ Unknown ASTHUD Division of Vital Records, þ Completed 24a. Wes en autopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? DUS PECTO 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes cese referred to medical 26. Place of Deeth (Check only one) exeminer?
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XX Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) end manner stated. 29b. Signature end titla of certifier 29c. Licanse number 29d. Dete signed (Month, Day, Year) O.C.M.E SEPT. 7, 1996 Mellerte 30. Nema and eddress of person who complated cause of daeth (Item 23a) (Typa, Print) HAPYDOURS A. Korou My 111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete flied (Morfth, Dey, Year) SEP16 32. Pegistrar's Signeture

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State of Maryland / Department of Health and Mental Hygiene

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Ī	Funeral Director	Г	5. Social Security 593-62-3		6. Sex	x XM 2□F	7. Aga (I		t birthday) 9 Yrs.	If Under Months			24 Hrs. Min.	8. Data of Bi (Month, D	irth la <i>y, Year)</i> 25 1987			ata or Foraign
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	a-f ehow	ctor	10a. Stete PENNA	10b. Count	JLTO	N	1	oc. City, BRUS	H CRE	EK TW	P,	CRYST	AL S	PRING				le City Limits Yas 2 No
	or 28	Director	10e. Street end N	lumber						10f. Zlp	Coda				10g. Citizen of	What Cou	intry?	
	23a		HC 1 BOX	10B						15	536				USA			
020	s 1 and 2 should be filled within 72 hours after death with the Maryland f Health and Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exerciper must be not feel at	by Funeral		rried 2 Mai	rried	12. Waa Dec Armed Fo 1 ☐ Yas If Yas, Gi Yaar or D	orcas? 2 ⊡XNo iva	er in U,S.		Wes Deced If Yes, spec 1☐ Yaa				pecify Yas or N Rican, etc.)		ce - Ameri ack, White	, atc.	n,
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Maryland	ould be filed v Mental Hygie arked other i	To Be C	17. Fether's Nema		, Last)							18. Moth		e (First, Middle NIFER I	a, <i>Meiden Sum</i> a DURHAM	ma)		
	1 and 2 should Health and Men em 27 is marke		19e. Intormant's JENNIFER			pe, Print)									ber, City or Town		p Code)	
Baltimore,	permit. Pages 1 and Department of Heelth Important: If Item 27 eny injury or other tr once.			isposition 2 Cramation 5 Other (5		lemovel trom		cem	atery, cra	osition (Name matory or o	thar pla		1	Data 8-26-96	20c. Location			
Bal	Physician		21. Signature of a shock, of he	Funarai Sarvice r tha disease, o aart teilura. Lis	Cel or compil	etions that	caused the	de deale.	DAI	LA VA	LLE	E	RAL VERE	TT PA.	C PO BOX 15537 arrest,	179		imate Between and Death
7	/Medical Examiner		Immadiata Causa disaasa or condit resulting In death	ion	8	Mult:	iple	majo	r tr	auma							est.	30 min
B	p is	Iner					Du	a to (or a	s a conse	quence ot):						1		
o,	e axecute lan and urial-trans	Examiner	Sequantially list of any, leading to cause. Enter Unc Cause (Disease)	conditions, immadiata derlying	ſ		Du	a to (or a	s a consa	quance ot):								
ox 68760,	certificate be asscuted nding physician and use es the burial-transit	/Medical	that initiated evar	nts) Lest		J	Due	a to (or a	s a consec	quence of):								
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ecords,	aw requiras is been sign 2 should be	Completed by													s an autopsy formed?	a	Vara autop valiable pr ompletion f death?	
α	0 - 6	Com												1 🗆	Yes 2NNo	1	☐ Yas	2 No
Vital		Be (25. Wes casa rate axaminer?	arred to medica	-						-		a of Dea	th (Check only	ona)			
of	Physician: this certific ral director,	To	1 X Yas 2		Н		Inpatiant		VOutpatle		/A		ursing H		sidence 6 🗆 Ot		ify)	
Division o	eath. or: Aftar the fune	ertification:	27. Manner of Dec	5 ☐ Pandi invast	igation	26a. Data (Mor Augus)	ith, Day Yo	ear)	3b. Tima o Injury UNK	t M	6c. Inju Wo 1	iryat ork?]Yes 2.[∑i	[No	Struck		o whi		
Divi	or Att aftar d Direct i in by	ertifi	3 ☐ Suicide 4 ☐ Homicida	6 □ Could datam	nined	build	a of Injury ing, atc. (3	Specify)	e, farm, st	raat, factory	, offica			City or To	(Street and Num own, Stata)			

State Registrar

29a. Cartifiar (Check only

Edward W. Ditto, 31. Date tiled (Month, Day, Year)

SEP 03

III, M.D. 217 W. Washington St., Hagerstown, MD 21740

30. Nama end addrass ot person who complated causa ot death (Itam 23a) (Type, Print)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.

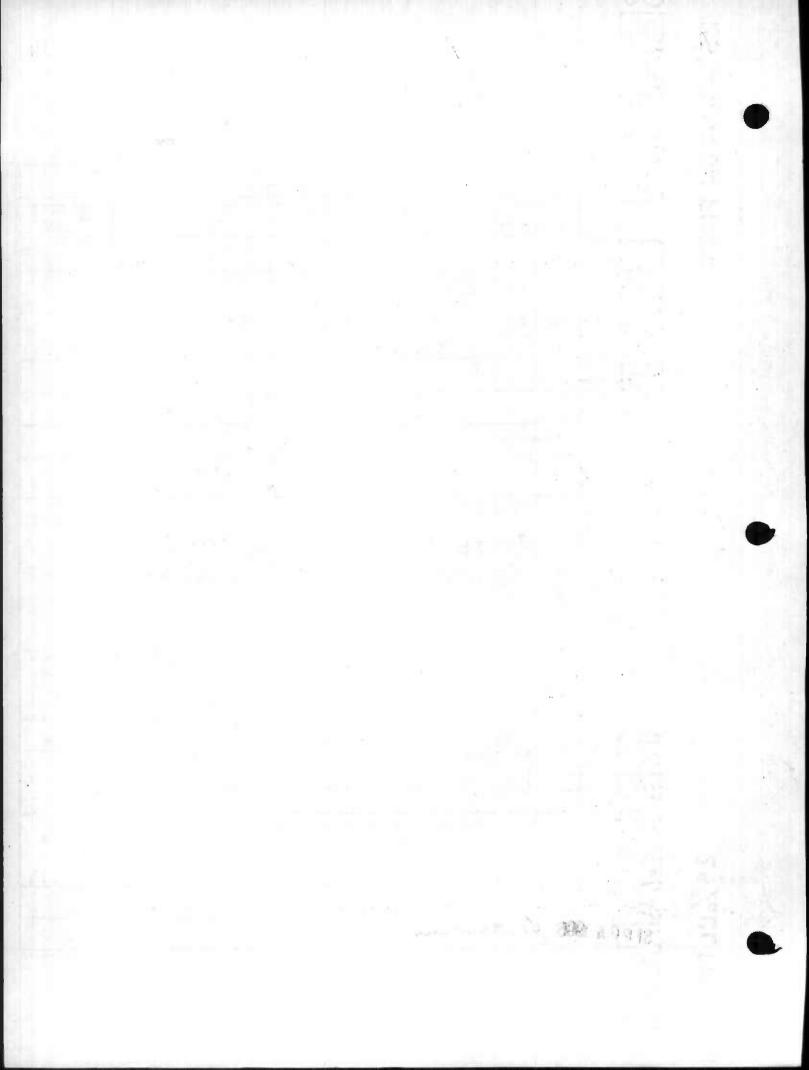
2 Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stetad. 29c. License number

D01062

29d. Data signed (Month, Day, Year)

August 24, 1996

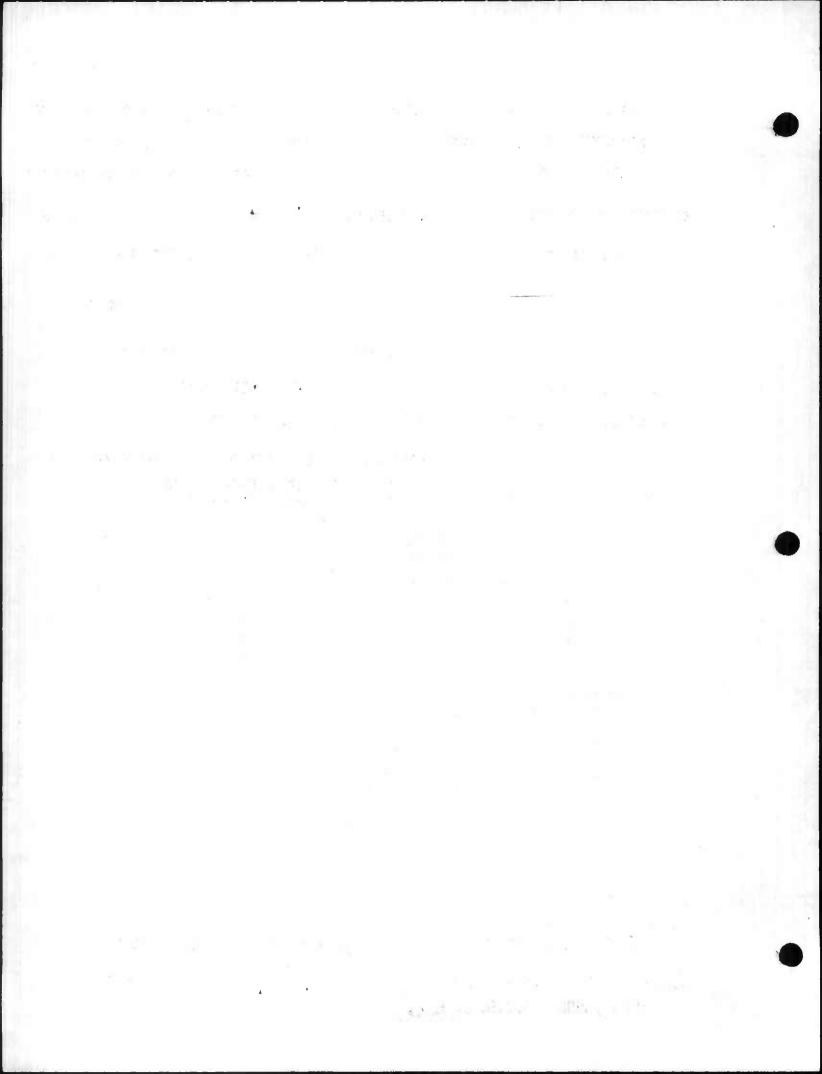
Donial T	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
Daniel 1	Chomas	Drew							September	1, 1	1996	6:15 A.M.
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In	yrs. last birthda		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		S. BIRTI	HPLACE (State or Foreign
212-18-1290		1 🕅 M 2 🗆 F	7	6 YRS		DAYS	OR LOCATI	MIN.	July 22,19	_		ryland
			1			,					NTY OF E	
Cumberland		ng and Co	onvar	escent	yente	er	Cun	nber.	Land	A.	llega	iny
10a. STATE	10b. COUNT	TY		10c. (HTY, TOWN	OR LOCA	TION					10d. INSIDE CITY
Maryland	Al	legany			Frost	bur	g					LIMITS?
10e. STREET AND NUMBER						10	r. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
12402 Carlo	s Roa	d, S.W.					21532	2		J	J.S.A	١.
11. MARITAL STATUS 1 Never Married 2 7 3 Widowed 4 Divo		12. WAS DECEOEN FDRCES? 1 IF YES, GIVE V	YES	2 NO	13.	If yes, sp		ırı, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, atc. //y: White
15. DEC	EDENT'S ED	UCATION		16a. DECEDENT	'S USUAL C	CCUPATI	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0	y highest grad 3-12)	College (1-4 or 5	+)	life. Do NO	of work done use retired.)	during m	ost of worki	ng				
10		0		Retread	d Depa	artm	ent		Tire Man	nufac	turi	ing Company
17 FATNER'S NAME (First, M	liddle, Last)						18. MOT	NER'S NA	ME (First, Middle, Melden			. ,
Jilliam Illia	m Edg	ar Drew						1	Mary Jane 1	Choma	ıs	
19a, INFORMANT'S NAME (7	Type/Print)	17.77							Route Number, City or Town			
Lois G. Dre	W			12402	Car	los	Road,	S.V	.,Frostbur	g, Ma	aryla	and 21532
20a METNOD OF DISPOSIT 1 Burlel 2 Crematic 4 Donation 8 Other	on 3 🗆 Ren	moval from State		PLACE AND DATE				k 4	SEP 96 Fros			
21. SIGNATURE OF FUNERA	//	N	./		22	NAME A	ND ADDRE	SS OF FA	Durst H	Tuner	al I	lome
10%	en /	Alur	4			57 E	roct	A1101	nue, Frosth			
		· miet villy vile ver	use on ea	ch iina.			out or uy	,	h as cardiac or raspi	ratory as	rest,	Approximate Interval Retwe
disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injusted initiated events	ions, diate ing	e. ISCH DUE TO B. COYL OUE TO	OP AS A		CA OF): OF):				OPATH DISEA	٢		Interval Betwe
iMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	ions, diate ING	b. COYL OUE TO C. DUE TO	ORASA	CONSEQUENCE CONSEQUENCE	OF): OF):	RD	10	ny	O PAT (+ V) (SEA	AUTOPSY		Interval Betwee Onset and Das 8 9 4 4 8 9 4 8 9 8 9 8 9 8 9 8 9 8 9 8
disease or condition resulting in death) Sequentially list condition any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injunt that initiated events resulting in death) LAS	ions, diate ING	b. COYL OUE TO C. DUE TO	ORASA	CONSEQUENCE CONSEQUENCE	OF):	RD	10	ny	OPATH VISE	AUTOPSY MEO?		B YRS WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE
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State of Maryland / Department of Health and Mental Hygiene 27585 Certificate of Death

			A ATLANTA A LA							Reg. No.	No.		
Physi	cian	Decedent's Nema (First, Middle, La.	,						2. Date of D Month	Day	Yeer	3. Tin	ne of Deeth
/Med	dicai	EDWARD 4a. Facility Nema (If not Institution, give	S.		DURAND 4b. City, Town, or L			MARIN 0-1	SEPTEM		6:	50 AM	
Exam	iner	MONTGOMERY GEN							ocation of Dea		y of Daeth	EDV	
Funera	1	5. Sociel Security Number 6. S		IIAL je (In yrs. last biri	thday) If Under	1 Yaar	OLNE If Under		8. Deta of Bi	rth	VTGOM		ata as Essaian
Directo	_		W		Yrs. Months	Deys	Hours	Min.	(Month D	1,1906	NORT	H CL	ete or Foreign
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aryla	_	MARYLAND MONTGON	MEDV	10c, City, Town	or Location ER SPRIN	C					1		de City Limits
M Page	Director		TERT	SILVI	ER SPRIN	G						1 🗆	Yes 2 No
ith with the Marylan 23a or 28a-f show										10g. Citizen of			
a 23	era.	13103 HUGO PLACE					906			UNITED		-	
items free me	Funerai	11. Maritei Stetus 1 Nevar Married 2 Married	12. Was Decedent Armed Forces?		13. Was Deced If Yes, spec	lent of F lify Cubi	lispanic Ori an, Mexicar	gin? (Sp 1, Puarto	ecify Yes or Na Rican, etc.)	0- 14. Re Ble	ca - Americ ck, White,		n,
irs eff	by	3 Widowed 4 Divorced	1 Yes 2.24 If Yes, Give Year or Detes:	NO	1□ Yes 2	2 Mo	Specify:			Specia	fy: LILI	ITE	
72 hours effer death with the Maryland "naturel", or items 23s or 28s-1 show deal Examiner must be not sed at		15. Decedent's Ed	lucation	16e.	Decedent's Usue	d Occup	etion			16b. Kind of E			
E	Completed	(Specify only highast gre Elementery/Secondery (0-12)	de completed) College (1-4or t	54)	Decedent's Usue (Give kind of wor life. DO NOT us	rk done e retire	duning mos d)	t of work	ing			,	
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	2	LEON P. DURAN						ARGA		SAWYER			
C/ 40 70 40		19e. Informent's Neme/Reletionship (7			Mailing Address					-			
1 and 1 and		LUTHER L. DURANI 20e. Method of Disposition), SON		3103 HUG Disposition (Nem		LACE,	21 [1					
00-		1 Burial 2 Cremetion 3 🗷		cematan	y, cremetory or of	ther plea	-		Dete	200		City or Town, Stete	
보투란증		4 ☐ Donetion 5 ☐ Other (Specify 21. Signetura of Funeral Sarvice Lican	<u> </u>	MI. H	ERMAN CE					MT.JACK	SON, V	IRGI	NIA
Depa Impo		21. Signetura of Funeral Sarvice Lican	B . 1.		MURTE	Addre	. BARI	BER I	FUNERAL	HOME		- '	
		Menter A.	1 series							LLE, MD	. 208	3	
	L	23a. Pert1. Enter the diseese, or comp shock, or haert failure. List only	one ceuse on each ili	i the death, Do n ne.	ot antar the mode	e of dylr	ng, such es	cardiac	or raspiratory e	errast,	i	Approx	lmata Between and Deeth
Physician /Medical	_	Immediete Ceuse (Finel	D	. /								Oliser	and Death
Examine		disease or condition resulting in death)	· Resp	MATON	7 9	11	65/				-	1-2	DAYS
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cuted nd ransit	Examiner	Sequentielly list conditions.	0.	Due to (or es e c								7- 3	DAYS
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sate b	an/Medical	Couse (Disease or Injury thet Initiated events rasulting in deeth) Lest Dua to (or es a consequence of):											
death certifica a attending ph d for usa as th	Me	d											
attendation for us	ian												
ras thet the death signed by the atte I be detached for	Physicia	Pert II. Other significant conditions co	entributing to death be	ut not resulting in	the underlying ca	use giv	en in Pert t.		23b. Did tobacco use contribute to the cause of death?				
thet the detail	P.								1,74	Yes 2 No	3 Prot	pably	4 Unknow
The law requiras thet the ate has been signed by th page 2 should be detache	d by						_		24e Was	an autopsy	24b. We	ere autor	sy findings
w requir been s should	Completed									omed?	ava cor	allable pr	ior to of cause
he law e has	E C									- N.		deeth?	
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Physician: r this certific and director,	To B	examiner?	Hospital:	nt 2 ER/Out	patient 3 DO/	Oth	or:		(Check only	one)dence 8 □Oth	or /Cassié	4	
£ 5 5		27. Menner of Deeth	28e. Dete of Injur (Month, Day			Bc. Injun Worl		1		how injury occur		"	
Attending Phore of death. octor: After this by the funeral	atio	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation	r rear) In	jury M		Yes 2 ☐ î	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
r Atterder de recto	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	ury - At home, fer	e, ferm, street, fectory, office 28f. L					3f. Location (Street end Number or Rural Route Number,				
ftal o		building, etc. (Specify) City or Town, Stata)											
4 hour	edicai	29e. Certifiar 1 Certifying Phy (Check only 2 Medical Exami	sicien: To the best of iner: On the bests of	f my knowledge,	deeth occurred e	t the tim	ne, dete and	plece, e	end due to the	cause(s) and me	enner as st	ated.	20(0)
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	Med	,	and mannar sta	ted.				Journ	os or the time,				
5 ½ 5 8		29b. Signeture and title of certifier	MD				number	^		29d. Data signe			
		6. 1/mil	2 / /)4	343	U		SEPTEMBE	K 12.	, 19	90
		30. Nema and eddress of person who co		eeth (Item 23e) (T	ype, Print)	0						188	

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Dulick Peter Edward 4b. City, Town, or Location of Death 4c. County of Dea 4a. Facility Nema (If not Institution, give street end number) 4c. County of Death PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, Year) 5/1/1917 5. Social Security Number 6 Sex 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) New Jersey 1X M 2□ F 144-03-8778 79 Yrs. Usual Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 No Maryland Worcester Pocomoke City 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 8030 Dividing Creek Road 21851 USA 11 Marital Stetus 12. Was Decedant Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Bleck, Whita, etc. 1 ☐ Yas 2 ☒ No if Yas, Give Yeer or Datas: 1 Never Married 2 Married 1 ☐ Yas 2 X No Specify: 3 Widowed 4 Divorced Specify: White 15. Decedent's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Automotive Parts Manager 17. Father's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Charles Dulick Anna Drozdick 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Eunice Dulick (Spouse) 8030 Dividing Creek Rd., Pocomoke City, Md. 21851 20b. Place of Disposition (Nama of cematary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) First Baptist Cemetery 8/26/96 Pocomoke City, Md. 21. Signature of Funaral Sarvice Ucensee 22. Nama and Address of Facility Melson Funeral Home PO Box 64, Pocomoke City, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death Immediata Causa (Finai disaase or condition rasulting in death) person Cerebrovoscular Sequentially list conditions, if any, leading to immediata cause. Entar Undarlying Cause (Disease or injury that initiated events rasulting in death) Last Dua to (or es a consequance of) Dua to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

PV

Completed

Be

2

Funeral

Director

7 is marked other than "naturel", or fems 23s or 28s-f show treumstic event, the Medical Examiner must be nothing at

pernit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mertal Hyglene. Important: If Item 27 is marked other than "naturel", or ite eny injury or other traumatic event, the Madical Experies

altimore, Maryland 21215-0020

P.O. Box 68760,

Records,

Division of Vital

requires that the death certificate be

death with the Maryland

Examiner signed by the attending physician and d be detached for use as the burial-transit Physician/Medical þ Completed Be 2 Certification:

page 2 should

funeral

filled in by the

Medical

29b. Signature and titla of certifian

nn Day, Year)

AUG 2 8 1996

peen

certificate has

To the Hospital or Attending Physicien: within 24 hours after death.

To the Funerel Director: After this certifica

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. No 1 Yas 1 ☐ Yas 2 ☐ No 25. Was casa referred to medical 26. Place of Death (Check only ona) axaminar? Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yes 2 KNo Impatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Menner of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be datamined 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida Tecrtifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian

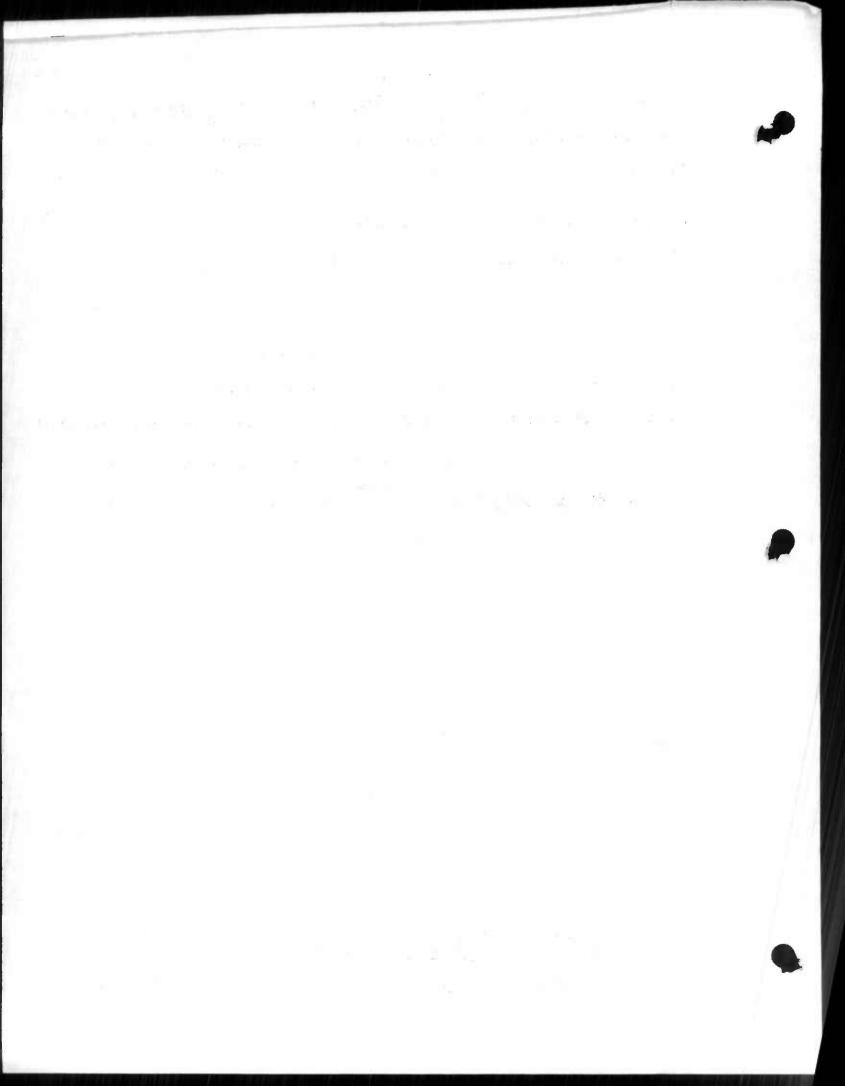
29c. Licansa number

29d. Deta signed (Month, Day, Year)

State Registrar

POBOX 2636 Salisbury MO 2180 32. Registrada &

30. Nama and address of person who completed cause of death (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

96 27587

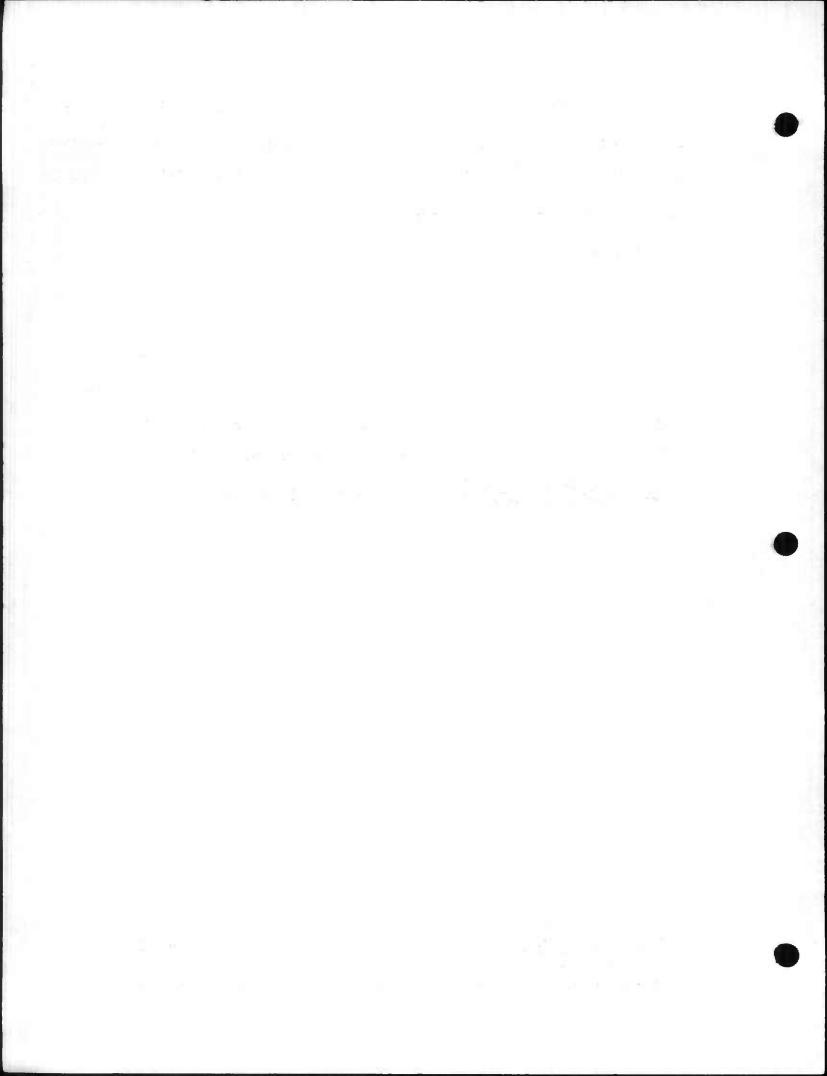
						Cer	tificat	e of	Death			Reg. No.		700	8
	TUS III		1. Decedent's Neme (First, Middle, L.	ast)							2. Date of Deeth			3. Time of Death	
	Physic		Dennis	C	eorge	Deaven				Month	Day	Year	4:35PM		
И	/Medi		4e. Facility Name (If not Institution, gi	- 00		Dea	VCII		Ab City To	own or L	Sept.	1, 199			-
78	Exami	ner													
			Southern Marylar	-			M h h a al a	4 1/1	Clin		т=	Prince Georg			
п	Funeral			Sex 7. 1XOM 2□F	Age (In yrs. lest 58		If Under Months	Deys		Min.	8. Dete of Bi (Month, D	rth ay, Year)	9. Birth	place (State or Forei	gn
п	Director		204-28-1601	gg in LD i		Yrs.					Nov.	24,1937	PA		
	pu »		Usual Residence of Decedent 10a. State 10b, County		10a Ciby T	'aum as La	antlan								
	anyla det		Tod. State		10c. City, T	OWII OI LO	Cation							10d. Inside City Limit	
	N 98-1	ctc	Maryland Prince (eorge's	Cli	inton								ILI 195 ZEIN	10
	F 20 E	Director	10e. Street and Number	Danisa			10f. Zip		25		10g. Citizen of What Co			ntry?	
	th w		7021 Groveton	brive				207	35			U.S.A.			
	72 hours after death with the Maryland natural, or Items 23s or 28s-1 show drail Examiner must be notified at	Funeral	11. Marital Status	Armed Forces? If Yes, specify Cuben, Mexical								o- 14. Re	ice - Ameri		and the same
0	or its		1 Never Married Merried 1 Nes 2 No 1 Yes 2 No Specify:								riidari, etc.)		ack, White,		
02	urs Fig.	þ	3 ☐ Widowed 4 ☐ Divorced	Year or Date	\$5/ - 1962	2 '	⊔ Yes	SXT NO	Specify			Spec	ity: Wr	nite	
2121	i within 72 hours liene. r than "natural",	Completed	15. Decedent's E	ducation	1	8a. Deced	lent's Usua	al Occu	pation			18b. Kind of	Business/In	ndustry	
	C 5	ple	(Specify only highest gi Elementary/Secondary (0-12)	College (1-4c	or 5.1)	life. L	OO NOT us	nk done se ratire	during mos	st of work	ang				
	filed within Hygiene. ther than "	E	12th	7	31 34)	Me	teor	100	ist			NOAA			
	il Hygi other		17. Fether's Name (First, Middle, Las	t)					1	er's Nam	e (First, Middle		me)		
a	d be onta	0 8	17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme)												
Maryland	d 2 should be filed within the and Mental Hygiene. 7 Is marked other than traumatic event, the Mental Hygiene.	-			1	19b Meilin	n Address	: (Stree					n State Zi	n Code)	-
S	th an														
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õ	Pages nart of nt: If it ry or o		1 ☐ Buriel 2 ☐ Cremation 3 [te	etery, cren	netory or o	ther ple							
₽	the part of the pa		4 □ Donation 5 □ Other (Speci	**	Lee	Crem						Clinto			
Baltimore,	maga maga maga maga maga maga maga maga		21. Signature of Funeral Service Lice	nsee								cal Home			
-	20200		2x 7. 2xt	_		66.	33 01	.d A	lexan	dria	Ferry	Rd Clir	nton,	Md 20735	
			23a. Part1. Enter the disease, or con shock, or heart feilure. List only	plications that caus	sed the death. I	Do not ente	er the mod	le of dyl	ing, such es	cardiac	or respiretory	errest,		Approximate Interval Between	
	Physician			_		7//	7/7				- 2			Onset and Death	H
и	/Medical		Immediate Cause (Final disease or condition	Me	ecol	166	25	ne	-3	2	Can	2			2
П	Examiner		resulting in death)	. //	- Due to for se		unnon offi				/		. 1		-
		ē		NE		a conagq	5			-/	21 -1	fale	-	100	
	or d d ansit	Ē	Convention list condition	b	Duataionas	le-for as a consequence off:						- 1	-	-	
ć	ertificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	12	- Contract of the same	2 Lille						1	/ eith		
68760,	sking bur	cal	Cause (Disease or Injury that initiated events	a consequ	one of						-				
89	tificat ng phy as th	Medical	resulting In death) Last	dende on):											
XO	0 2 2			d											
ă	att att	Physician									1		-		
0	the chec	lysi	Part II. Other significant conditions	contributing to death	1 but not resultin	ig in the ur	nderlying c	ause gi	ven in Part	1.			ontribute t	o the cause of deat	h?
0	requires that the de een signed by the a hould be detached										1	Yes 2 200	3 □ Pro	bably 4 Unkno	WI
Records,	8 5 8	d by									Ode We		24h W	fere autopsy findings	_
0	been s	etec										s an autopsy ormed?	91	vailable prior to empletion of cause	
ec	S C1	d												death?	
H		Completed									10	Yes 2200	1	☐ Yes 2☐ No	
Vital		Be	25. Was case referred to medical						28. Plac	e of Deat	th (Check only	one)			
>	2 00	To	examiner?	Hospital:	atlent 2 ER/	/Outpetien	t 3 DC	OA Ot	her: 4 N	ursing Ho	ome 5□Res	idence 8 🗆 O	ther (Speci	(hv)	
10			27. Manner of Death	28a. Date of Ir	njury 28	b. Time of	2	8c. Inju				how Injury oce			
Ö	offing I th. After a funer	atlo	1 Naturei 5 ☐ Pending 2 ☐ Accident investigetion		Day Year)	Injury	М		rk≀]Yes 2∐	No					
Division	Attending r death. ector: After by the fune	100	3 ☐ Suicide 6 ☐ Could not b	28e. Piece of	Injury - At home	, farm_stre	et, factory	, office			28f. Location	(Street and Nun	nber or Run	al Route Number,	
á	Die afte	Certification:	4 Homicide	building,	etc. (Specify)						City or To	wn, State)			
	To the Hospital or Attandi within 24 hours after death To the Funeral Director: A completely filled in by the fi		29e. Certifier 175 Certifying Pi	nysician: To the bes	st of my knowled	doe death	occurred	at the ti	me date ar	nd place	and due to the	cause(s) and r	nenner se e	etated	
	P Fur	edicai	(Check only 2 Medical Exa	miner: On the basis and manner	of examination	and/or inv	estigation	In my	opinion, des	th occur	red at the time	, date and place	, and due t	o the cause(s)	
	of the	Me	29b. Signeture and title of certified			=50	290	Licen	se number			29d. Date sign	ed (Month.	Day; Year)	
	- × - ō		Mon 9x	fre	- /	Er,	-	1	22	25	-5	25=	2	2	
									8.2			-/	-		
			30. Name and address of person who Rene E. Grace	M D Q12	death (Item 23	a) (Type, I במוגב †	Print)	d C	lintor	n. M=	arvl and	20735-	2509		
								٠		-1 1.10		20,00			
	Sta	10	31. Date filed (Month Pp. 7907) 1	996 32. Begin	etrar's Signeture	or Rose	latt								
	Registi	ar					-ve-y								

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State of Maryland / Department of Health and Mental Hygiene 95

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						Ce	rtificat	e of	Death			Reg. No.	20	47000	
	Physic		Decedent's Name (First, Middle Helen Wynn Dy	, Last) ver							2. Deta of D Month August	Death	996 Yeer	3. Tima of Death	
	/Medi Examii		4a. Facility Name (If not institution	, giva street and nu	ım <i>ber</i>)				4b. City, To		ocation of Dea				
	Examil	iei	Anne Arundel Me												
			5. Social Security Number	6. Sex	7. Age (In yrs. le	est hirthday	if Undar		if Under		8. Dete of B	Anne Arundel			
	Funeral Director		578 03 1842 Usual Residence of Decedent	1□ M 2 DF	79	Yrs.	Months	Days		Min.	Nov. 6	Dey. Year) 5, 191	y, Year) 1916 9. Birthpleca (Stefa or For		
	we man		10e. Stata 10b. County		10c. City,	Town or Lo	ocation							10d. inside City Limi	
	the Meryler 28a-f show	Director	MD Anne A	rundel	Fai	rhave			10g. Citizan of Whet Co				1 ☐ Yes XXX		
	23a or		6505 Clagett Av	enue			10f. Zip	075	4			USA		untry?	
020	s i end 2 should be filed within 72 hours after death with the Meryland I Health and Mertel Hyglene. If les marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Marri 3 ☑ Widowed 4 □ Divorced	Armed Fo	1 ☐ Yes 2 🕱No If Yas, Giva 1 ☐ Yes 2			cify Cut	oan, Mexicar	gin? (Sp n, Puerto	pecify Yes or N Rican, etc.)		Race - Ame Black, White Specify: W.		
21215-0020	in 72 hou	Completed	15. Decedent (Specify only highes	s Education t grada completed)		18a. Dece (Give life,	dent's Usua kind of wo DO NOT us	rk done	durina mos	t of work	orking 16b. K		of Business/	Industry	
212	with the same	mo	Elementery/Secondary (0-12)	Collega (Collega (1-4or 5+)			ewife					own home		
D	Hyg Hyg ent,		17. Fathar's Neme (First, Middle, I	ast)		housewife			18. Mothe	r's Nam	e (First, Middl				
lan	d be sentel	o Be	Alfred	1	Wynn				Mari					Al orr	
Maryland	mari mari	To	19e. Informant'a Name/Relationsh		мАтт	19h Maille	na Address	Stree			ral Route Num	har City or		dley	
Ma			Andrew W. Dyer/				-				boro, M		773	.ф Соов)	
0	ges 1 and 2 for Health If item 27 or other tr		20a. Method of Disposition	5011	20b. Pie				pper r	at II	Date Date	T	ation - City or	Town State	
	permit. Peges 1 Department of I Important: If its any injury or ot once.		Burial 2 Cremation 4 Donation 5 Other (Sp	ecify)) Illinity upits. Contectly						-3-96			oro, MD	
	Departimbor important in police.		21. Signature of Funeral Service t	Densae	el .				ess of Facilit	-					
	70 F # 0		M. Mad	1/1/	Sal	Ri	ausch	Fu	neral	Home	e, Owin	ngs, M	D 207	36	
			Part1. Enter the diseese, or shock, or heart teilure. List of	complications that	adsed the deeth.	Do not ent	ar tha mod	le of dy	ing, auch as	cardiac	or respiretory	errast,		Approximate interval Between	
	Physician			•										Onset and Death	
	/Medical		Immedieta Causa (Final disaase or condition		ASCVD										
п	Examiner		resulting in deeth)	е		as e consec	uance ot):								
		Je.					,								
oʻ	the death certificate be executed by the attending physician and ached for use as the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Undarlying Cause (Disease or Injury	b	Dua to (or es a consequance of):										
68760,	nysicii	ical	fliet milleted evalue	C	Dua to (or a	as a conseq	uance of):								
×	nding ph use as th	n/Medical	resulting in death) Last	d									1	112	
Bo	death ce	icia	Pert II. Other significant condition	ne contribution to d	eath but not recul	ting in the u	ndodvina o	01150 5	han In Dart I		22h Die	d tobecco u	na aantelbuta	to the sause of deat	
P.0	thet the de ed by the detached	y Physician	Total agrinoant conduct	is contributing to d	eath but not result	ung m ule u	ndenying c	ause g	ven in ranti			23b. Did tobecco use contribute to the cause of death! 1 Yes 2 No 3 Probably 4 Unknow			
Records,	law requires thet has been signed b e 2 should be det	Completed by										s en eutopsy formed?		Were autopsy findings available prior to completion of cause of death?	
ď	0 - 0	E									1	Yes 2	No .	I □ Yes 2 □ No	
Viita	ician: Th certificate rector, pa	Be C	25. Wes case refarred to medical						26 Place	of Dael	th (Check only		7.3		
>	Physician: this certific ral director,	0	exeminar? 1 ☑ Yes 2 ☐ No	Hospitel:	Inpatient 20 E	R/Outpatier	it 3 DC	A Ot	hor:		oma 5□Ras		Other (Spe	nific)	
o			27. Menner of Death			28b. Time of		8c. Inju		ising n	28d. Dascribe			му)	
Division	Attending or death. Sctor: After by the fune.	cation	1 ☒ Natural 5 ☐ Pending 2 ☐ Accidant invastig 3 ☐ Suicide 6 ☐ Could n	ation of he		Injury	М	1	Yes 2	No					
<u>N</u>	tal or Attand is after death al Director:	Certification:	4 ☐ Homicide determine	and 200. Place								ral Routa Number,			
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th	edical	29a. Certifier 1☐ CertifyIng (Check only one) 1☐ CertifyIng	Physician: To the xaminer: On the b and man	best ot my know asis of axaminationer steted.	ledge, daatt on and/or in	occurred vestigetion	at the ti	ime, data an opinion, dae	d piece, th occur	and dua to the red at the time	a cause(s) e a, data end p	nd manner as lece, and dua	stated. to the cause(s)	
	To the within 2 To the comple	Σ	29b. Signature and title of certifier) .					se number				signed (Monti		
			Kiffrey Bug	go MD			1	D28	640			Aug	. 30,	1996	
	12		30. Nama and address of person who completed causa ot death (Itam 23a) (Type, Print)												
			Jeffrey Briggs		2011 Sen			Δr	ot. 10	2. 0	denton	. MD	21113		
	Sta	te			Registrar's Signatu	ire		41		~,	-4410011	1 11	21113		
	Registr		SEP -	4 1996 I	Juli Dan	uchon-A	ardall								

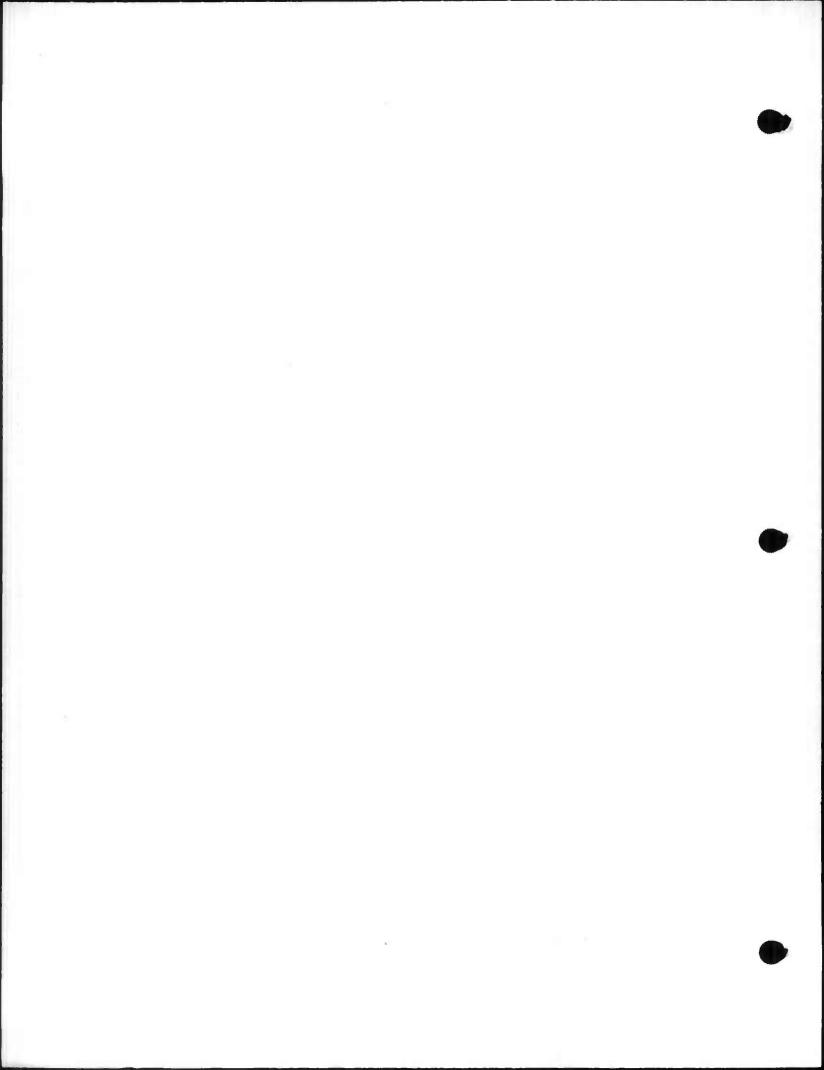


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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
examiner must be notified at once.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	-
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	×
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to	2
or death. Page 6 may be retained by the hospi	O . TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	,CI

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	IEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH				
	Orpha	Louise	Duckwort	h		Aug. 28,	1996 YE	2:45 a m			
	213-22-3434	1 🗆 M 2 💢 F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUCj • 22, 19	8.8	BIRTHPLACE (State or Foreign Country) Maryland			
NC.	90. FACILITY NAME (If not institution, give street 12720 McMullen High	net and number) Jhway		ob. CITY, TOWN C	and	EATH	9c. COUNTY OF DEATH Allegany				
ی	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR	Maryland Allec	jany		mberlar			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	12720 McMullen Hig	ghway		10	21502		S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 💥 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp		HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		ACE — American Indian, Black, White, etc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 8th.	TION ompleted) College (1-4 or 5 +)	16a. DECEOENT'S U (Give kind of wo life. Do NOT use Homema	rk done during mo retired.)	ON st of working	166. KIND OF BU		NY .			
BE COM	17. FATHER'S NAME (First, Micolio, Last) Charles Smith					ME (First, Middle, Malden ie McGee					
TO B	Sandra K. Winters		195. MAILING A 12720	MCMulle	nd Number or Rurel I	Poute Number, City or Tow Y, Cumber1	n, State, Zip Code and, MD	21502			
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		D. PLACE AND DATE OF DETERMINE OF DETERMINE N	er place!			CATION — City o	, , , , , , , , , , , , , , , , , , , ,			
	al Home Keyser,										
CERTIFICATION	23. PART I. Enter the disesses, or conshock, or heert fellure. List IMMEDIATE CAUSE (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	ratory arrest,	Approximate Interval Between Onset and Death 1986								
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PERFORMED? 1 YES 2 NO OF E 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO. ON UNCERTAIN										
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATN	(Check only one)							
	1 YES 2 NO 1 27. MANNER OF DEATN 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ	RK?	8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURE				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, str		ES 2 NO	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUN D28910	NED (Month, Day, Year) 28,1996					
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. H. Curtiss Merrick, M.D. 500 Memorial Ave., Suite 105 Cumberland, MD 21502										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								
		0									

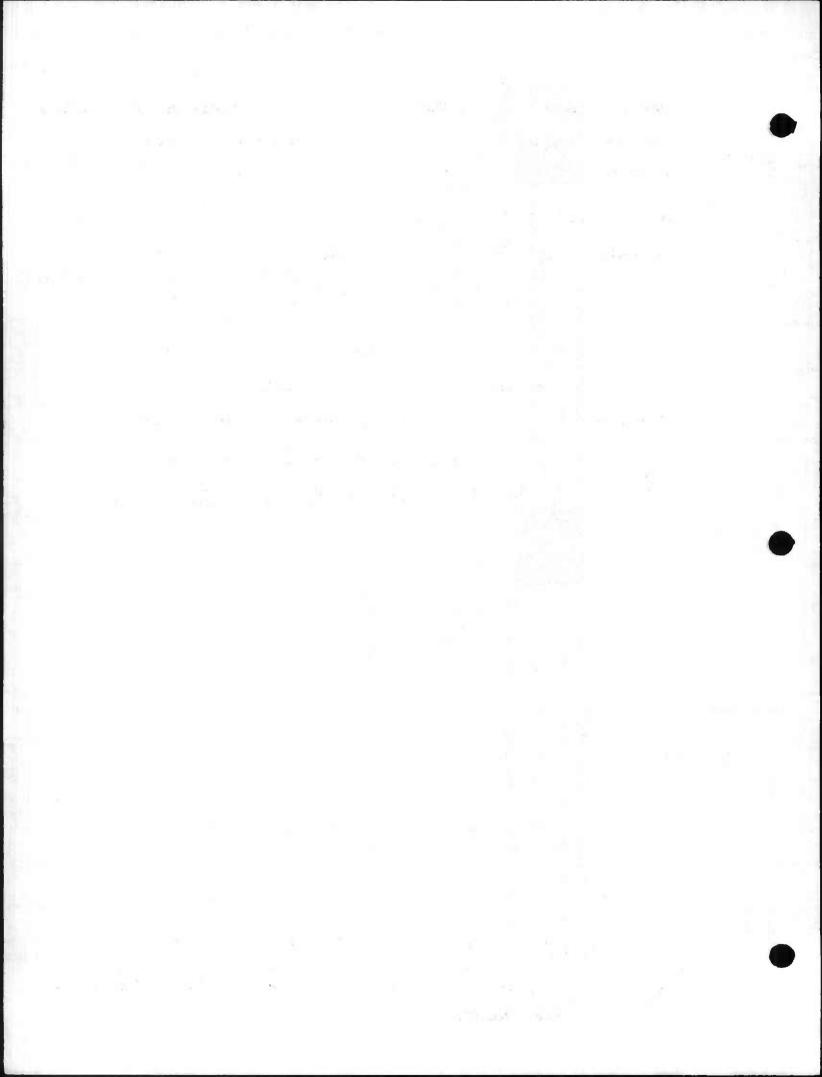


State of Maryland / Department of Health and Mental Hygiene

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		_					Cert	ilicale 0	Dealli		Reg. No.		
	Physic /Medi		LEONA	ne (First, Middle, Las		DAWSOI	N			2. Date of D Month AUGUS	T 26, 19		3. Time of Death
	Exami	ner			street end number)					or Location of Dea			
			Sacred He			William	Cumberl	land	Allegany				
	Funeral Director		5. Social Security is 236-36-1 Usual Residence of	448	ex 7. Age □M 2 🖾 F	e (In yrs. lest i 69,	Yrs.	Months Day			orth Year) 0 1927	9. Birthp Cour WV	place (Stete or Foreign ntry)
	and w		10e. State	10b. County		10c. City, To	own or Loc	ation				1	I Od. Inside City Limits
	f ahow	0	wv	Miner	21	Kos	ser						1X Yes 2 □ No
	the l	6	10e. Street and Nu	1	aı	Key	361	10f. Zip Code			10g. Citizen of	What Cau	nto O
	with po of	ā		le Street			26726				U.S		nty r
	a 23	era		ie street						/Cassily Van au h		ce - Americ	non Indian
)	72 hours after death with the Manyland natural;, or items 23a or 28a-f ahow dical Examiner must be morified at	Funeral Director	11. Maritel Status 1 ☐ Never Mari	ried 2 Married	Armed Forces? 1 ☐ Yes 2 (X)				Hispanic Origin? John, Mexican, Pu	erto Rican, etc.)	Bla	ck, White,	
maryland 21215-0020	raf',	3 ☐ Widowed 4 ☐ Divorced							о Ѕреспу:		Specif	v: Wh	ite
י י	d within 72 hours af plene. r than "natural", or the Medical Exam	Completed	(Spe	15. Decedent's Ed	ucation de com <i>pleted)</i>	16	Sa. Decede	ent's Usuel Occ ind of work don	upation le during most of v red)	vorking	16b. Kind of B	usiness/in	dustry
7	filed within Hyglene. ther than "	idm	Elementary/Sec		College (1-4or 5	+)			red)		Class M		
7	thed w there the		12				Sele	CLOF	T.,		Glass M		curing
	o da b	Be		(First, Middle, Last) P. J						lame (First, Middl		ne)	
2	2 should be filed v and Mental Hygie is marked other traumatic event, th	2	Russell		ohnston				Regi		Miller		
0	d 2 should th and Mer 7 is marks traumatic		Carl H. D	lame/Relationship (7	ype, Print)			rgyle S	et and Number or	Rural Route Num Keyser.			(Code)
	m 2 her		20a. Method of Dis					Ition (Neme of	treet	Dete Dete	20c. Location		num State
5			1 Duriai 2	☐Cremation 3 ☐		ceme	tery, creme	etory or other p					
Baltimore,	permit. Pages Department of important: If it eny injury or once.		- 1	5 Other (Specify		Potoma			dens Aug	28, 1996	Keyse	c, WV	26726
0	mpo mpo ny fr		21. Signature of Fo	charal Service Licen	500	1)			lress of Fecility nith Fune	ral Home	2		
	40200		N.	icing k	elu	L	9.5	Courth N	Main Stra	ot Vo	W. W.	267	26
			23a. Pert1. Enter shock, or hea	ne disease, a comp art tallure. List only o	olications that caused one cause on each lin	the death. D	o not enter	r the mode of d	ying, such es card	liac or respiratory	errest,		Approximate Interval Between
	Physician											i	Onset and Death
8	/Medical Examiner		Immediate Ceuse disease or condition resulting in deeth)	on	· Matas	stic '	Dis	sease				1	2 years
			resulting in deeply			Due to (or as						1	2 years 4 years
	be is	ig I			. Breas	sl-Ca	MC	er				1	4 years
_	and	Examiner	Sequentially list co	onditions, mmediate		Due to (or as	a consequ	ence ot):					. 0
	be e iclan burie		Sequentially list co if eny, leading to in cause. Enter Und Cause (Disease or that initiated event	erlying Injury	c							i	
5000	certificate be executed iding physician and use as the bunal-transit	gig	resulting in deeth)	Last	'	Due to (or as	a conseque	ence of):					
		n/Medicai			d								
í	atter 1	ciai	Death Other sheet	el a a a a a a diblo a a a a		A	an was	104010000000000	Contract	COL DI	4.4.4.		
	ires that the deatl signed by the atte d be detached for	Physicia	Part II. Other signi	ilcant conditiona co	entributing to death bu	it not resulting	in the und	enying cause	given in Part I.				o the causs of death?
	that det	by PI								- 1	Y88 2 No	3 Proi	bebly 4 ☐ Unknow
3	The law requires that the death ate has been signed by the atter page 2 should be detached for									24a. Wa	s an autopsy	24b. W	ere autopsy tindings
	been s	iete								per	formed?	00	allable prior to impletion of cause death?
2	The law ate has page 2	Completed									w . Mu		
1		e C	OF Was sone refer	wed to medical							Yes 2 No	11	☐Yes 2☐No
•	yalclan: is certific director,	o Be	25. Wes case reference examiner?		Hospital: 📈				Wher	Death (Check only			
is near the second state of the second state o	Phys this ral di		1 ☐ Yes 202	NO	1 Inpatie		Outpatient Time of	3LI DOA	4 (Antain)	Home 5 Res	sidence 6 Oth how injury occur	* * * *	y)
	ding h. After fune	tion	1 Naturel	5 Pending investigation	(Month, De)	Year)	Injury	28c. In W	ork? □ Yes 2 □ No	200. 2000120	now injury coour	100	
TO SEAL	Attending Physician: r death. ector: After this certific by the funeral director,	fica	2 ☐ Accident 3 ☐ Sulcide	6 ☐ Could not be	28e. Place of Inju	Irv - At home	tarm stree			28f Location	(Street and Num	her or Ruri	al Route Number
	after Direction	Certification:	4 Homicide	determined	building, etc	. (Specify)	tarrii, otroc	ot, tactory, critic		City or To	own, Stete)	701 Q1 7 Ta10	in 7 robito rvaimoor,
	To the Hospital or Attending P. within 24 hours after death. To the Funeral Director: After to completely filled in by the tuneral	edicai C	29e. Certifier (Check only one)	1 Certifying Phy 2 Medical Exam	rsician: To the best of iner: On the basis of and manner ste	examination a	ge, death o	occurred at the estigetion, in my	time, dete end ple oplnion, death of	ece, end due to the courred at the time	e cause(s) and m	anner as s	tated.
	within 2 To the comple	Mec	29b. Signature and	title of certifier	and mailler ste			29c. Lice	nse number		29d. Dete signe	ed (Month.	Dey, Year)
			D ()	401					150		8.2	6.9	6
	(b)		00 Norman 1 11	- Tuc		- AL 2**					0 - 0		
	sek		2	51	ompleted cause of de	230 (Item 236		rint)	#IC.	umber	1-11	Mr.	21502
	0	10	31. Date filed Mon		32 Parietre	1 X / Je or's Signeture	Jon.	Drive	1,00	LMUEC	and 11	D	~/ 20 /_
	Sta Registr			UG3 0 19	96 de A	turker	Carl II						
					June 10	- Service V	- CALL						

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

						Certificat	e of	Death		Re	g. No.		6. 1001	
	Dhunin	·	1. Decedant's Nama (First, Middla, La	st)					2. Data o	f Death		V	3. Tima of Death	
	Physic /Medi		MARGARET	C. I	EWING				SEPT		Day 199	96	4:30 PM	
	Exami		4a. Facility Nama (If not Institution, given		7)			4b. City, Town,	or Location of E	eath	4c. County	of Death		
			9479 CHAPEL RO	AD				EASTO	N		TA	ALBO	r	
	Funeral Director		5. Social Security Number 6. S 217-24-1302 Usual Rasidance of Decedant	D	ga (In yrs. last birt	hday) If Undar Months	1 Yaa Day:		Ain. (Month				place (Stata or Foraign ntry) NSYLVANI	
	wo m		10a. Stata 10b. County		10c. City, Town	or Location						1	Od. Insida City Limits	
	Mary	jo	MD TALE	OT	E	ASTON								
	28e	Director	10e. Street and Number			10f. Zip	Coda			10	g. Citizan of	What Cour	ntrv?	
	3a o		9479 CHAPEL RO	A D			21	601						
	death	Funeral	11. Marital Status	12. Was Deceden		13. Was Deced		601 Hispanic Origina ban, Maxicen, Pe	(Specify Yas o	r No-		ce - Amaric		
21215-0020	72 hours after death with the Maryland natural, or Hems 23a or 28a-f show dical Examiner must be notified at	by	1 Nevar Married 2√ Married 3 Widowed 4 Divorced	Armed Forcas 1 Yas 25 If Yas, Give Year or Datas:	KNO	if Yas, spec			uarto Rican, atc	.)		ck, Whita,		
15-(nafu	Completed	15. Decedant's E (Specify only highast gr	ducation ada completed)	16a.	Decedant's Usua (Giva kind of wo	rk don	a during most of	working	1	6b. Kind of B	usinass/in	dustry	
12	within ene.	d L	Elamentary/Secondary (0-12)	College (1-4or		lifa. DO NOT us	9a)							
d 2	Hygie Hygie		17. Fathar's Nama (First, Middla, Last	1	HOM.	EMAKER		18 Mother's	Nama (First, Mi	della Mi		HOMI	3	
an	S a b S	Be c	THOMAS CLIFTON						А САТН				(I A A)	
Maryland	d 2 should h and Men 7 Is marke traumatic	2	19a. informant's Name/Ralationship (19b	Malling Address	(Stree	et and Number or						
	7 8 7 1		CHARLES E. EWI	* .				L ROAD						
re,	- 4 5 5		20a. Malhod of Disposition		20b. Place of	Disposition (Nar	na of		Data		0c. Location -			
Baltimore,			1 XBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif		1 '	v, cramatory or o G HTT.T.		ace) METERY	9-4-	96	EAST	N M	ďD	
Ħ	permit. Page Department of Important: If any Injury or once.		21. Signature of Funarat Service Licer	··	52 11211			rass of Facility		70	DIIDI	J11 / 1	10	
	Physician /Medical Examiner		23a. Part1. Enter the diseasa, or com shook, or heart failura. List only Immediata Causa (Final disaasa or condition	ona causa on aach	od tha daath. Do n	200 S. ot entar tha mod	HA la of dy	RRISON	ST diac or raspirate	EAS	STON,_ st,	MD	ERAL HOME 21601 Approximata interval Between Onset and Death	
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	ned ned	Examiner		b										
,	certificate be executed vding physician and use as the burial-transit	Exal	Sequantially list conditions, if any, leading to immadiata causa. Enter Underlying Cause (Disease or injury	Dua to (or as a c					į					
68760,	sicla bur	edical	triat initiated events	c	Dua to (or as a co	oneedhanna of).								
	= 0.6	Med	rasulting in death) Last		Dua 10 (01 as a 01	sisoquarios orj.						1		
Box		2		d								<u> </u>		
	the atter	Sick	Part II. Other significant conditions of	ontributing to death !	but not rasulting in	tha undarlying c	ausa o	Ivan in Part I.	23b.	Did tob	acco use co	ntribute to	the cause of death?	
s, P.O.	requires that the de seen signed by the hould be detached	by Physician/	Esophazon	MARC	inom	7						3 Prol		
Vital Records,	w require been si should	Completed	,						24a. \	Vas an	autopsy ed?	avi	ara autopsy findings ailable prior to	
ec	2 S E	npldu										of	mpletion of cause death?	
- E	E # 8	Ö							1	☐ Yas	2 10 No	1	Yas 2 No	
¥	Physician: The this certificate ral director, page	Be	25. Was cesa rafarred to medical axaminar?	41-2-9-4					Death (Check o	nly one)			
0	5 0 0	ို	1 Yas 2 10	Hospital: 1 Inpati			/A		g Homa 5 124				r)	
Division	After fune	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident invastigation 3 Suicide 6 Could not be		ury 28b. Ti	ma of 2 jury M	8c. Inje We 1	uryat ork?]Yas 2 □ No	28d. Dasci	ibe hov	v Injury occur	red		
N N	교육등		4 Homicida datarmined	28a. Place of in	ijury - At homa, far lc. <i>(Specify)</i>	m, streat, factory	, office			on (Stre Town,		ber or Rura	il Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Dirth completely filled in	ledical	29a. Cartifiar (Check only one)	ysician: To the best niner: On the basis of and manner si	of axamination and	daath occurred of or invastigation,	at tha t , in my	ima, data and plo opinion, daath o	ace, and due to courred at tha ti	the cau ma, dat	ise(s) and me a and place,	anner as st and dua to	ated.) tha causa(s)	
	Viit Viit	4	29c. Licensa number 29d. Data signed (Month, D3/466 9/3/96										Day, Year)	
			30. Name and address of person who	Sidenz	4mp	Type, Print) 606 D	070	-Comon)	Lond		FA173~	ma	121601	
	Sta		31. Data filed (Month, Day, Year)		rar's Signatura									
DI	Registr		SEP 0	1996	reha David	on-Randal	2							

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State of Maryland / Department of Health and Mental Hygiene 96 27592

					Cer	tificate of	f Death		Reg. No.		
Phys		Decedent's Name (First, Middla, Last	Reginal	ld Mor	roe	ETZLE	R, SR.	2. Date of De Month Septemi		1996	3. Time of Deeth 6:15 P.M.
/Me Exan	dical niner	4a. Facility Name (If not institution, give	a street and number)				4b. City, Town, or	Location of Deat	h 4c. County	of Death	
Funer	ai	Vindobona Nu 5. Social Sacurity Number 6. S		e (In yrs. last i	birthday)	If Under 1 Yas		0		rederi	
Directo	_	215-36-6683 Usual Rasidance of Decedent	XM 2□ F	84	Yrs.	Months Day	s Hours Min.	8. Date of Bir (Month, Da Dec. 28	B, 1911	Mar	laca (Stata or Foraig try) yland
aryland	_	10e. State 10b. County	1-	10c. City, To	wn or Loc		erick			10	0d. Inside City Limit
tha M 28s-f	Director	Maryland Frede	rick			10f. Zip Code			10g. Citizan of	What Count	
th with	ai Di	6142 Elmer Der	r Road				703			5.A.	
72 hours after death with the Maryland "nature!", or Items 23s or 28s-f show added Exerviner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. Was Decedant E Armed Forces? 1 Yas 2 XN If Yes, Give Yaar or Dates:			Vas Decadent of Yes, specity Cu □ Yas 2XN	Hispanic Origin? (S ban, Mexican, Puar o <i>Spacify:</i>	pecify Yes or No to Rican, etc.)	14. Rac Ble Specif	ca - Amarico ck, White, e	
n 72 ho natura	eted	15. Decedent's Ed (Spacify only highast gra	lucetion da complatad)	16	a. Deced	ent's Usual Occ kind of work don	upation a during most of wo red)	rking	16b. Kind of B	usiness/Ind	dustry
within the share	Completed	Eiementary/Secondary (0-12)	Coilege (1-4or 5	i+)		oo not use retii armer	red)	Agriculture			
be filed at the hygodomery of othe	To Be C	17. Father's Name (First, Middla, Last) Charles		ay	Et	zler	18. Mother's Name (First, Middla, Maldan Sumama) Mabel Carpenter				
and and ama		19a. Informant's Name/Relationship (7) Hilda G. Etzler,	, , , , , , , , , , , , , , , , , , , ,	19b. Meiling Address (Straat and Number or Rural Route Number, City or Town, Stela, Zip Coda) 6142 Elmer Derr Road, Frederick, MD 21703							
Haal		20a. Method of Disposition		20b. Place	of Dispos	sition (Name of natory or other p		Date	20c. Location		wn, State
Pagas ment of I ant: If ite lury or of		1 X Buriai 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		Union	n Cha	apel Cen	netery, Se	ept. 5,19	996 Libe	rtyto	own, MD
permit. Pag Department important: It any Injury o	OUCE	21. Signature of Funeral Sarvice Lican	Ruby M		Kee	Name and Add eney & 1 6 East (Basford P Church St:	.A. Fune reet, Fr	ral Hom ederick	e , MD	21701
	-	23a. Part1. Enter the disease, or comp shock, or haart failure. List only	ollcations that Jused	the death. Do							Approximata
Dhusisia		SHOOK, OF HABIT FAILURE. LIST OFFIN	ona cause of each iln	na.	o not ente	er the mode of d	ying, such as cardia	c or raspiratory a	rrast,		Intarval Between
Physician /Medica Examine	al	Immediate Ceuse (Final disaasa or condition resulting in death)	e. a/zh.	einer	, S	demen	*	c or raspiratory a	rrast,		Intarval Between Onset and Death
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requires that the death certificate be executed been signed by the ettending physician and should be detached for use as the bunial-transit	by Physician/Medical Examiner	Immediate Ceuse (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	e. <u>A/2/L</u> b	Due to (or as a	a consequence cons	demendence of): uence of): uence of): derlying cause g	fiven in Pert I.	23b. Did	tobacco use co	3 Prob	Intarval Between Onset and Death Language S the cause of death
The law requires that the death certificate be executed at the been signed by the ettending physician and page 2 should be detached for use as the burial-transit	Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	e. Alth	Due to (or as a	a consequence cons	demendence of): uence of): uence of): derlying cause g	fiven in Pert I.	23b. Did	tobacco use co Yes 2 No an autopsy med?	3 Prob	Interval Between Onset and Death Plans the cause of death ably 4 Dunknow are autopsy findings allabla prior to projettion of cause
The law requires that the death certificate be executed as the standing physician and page 2 should be datached for use as the burial-transit	Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions of the condi	e. Alth. b c d phributing to death but the spirital:	Due to (or as a Due to (or a) Du	a consequence consequence in the unit	demenuence of): uence of): uence of): derlying cause of the cause o	fiven in Pert I. 26. Place of Decition	23b. Did to 1 = 24a. Was perfo	tobacco use co Yes 2□ No an autopsy rmed?	3 Prob	Interval Between Onset and Death Death Onset and Death Death Death Death Death Death Death Dea
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or Attending Physician: The law requires that the death certificate be executed by the death. Sirector: After this cardificate hes been signed by the ettending physician and by the funeral director, page 2 should be detached for use as the bunal-transit of the funeral director, page 2 should be detached for use as the bunal-transit.	To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Part II. Other algnificant conditions conditions of the condi	e. Alth	Due to (or as a Due to (or a) Due to (or a) Due to (or as a Due to (or a) Due	a consequence of the consequence	demenuence of): uence of): uence of): derlying cause g d S O 28c. Inj W M 1[26. Place of Deather: 4 Nursing Hury at ork?	23b. Did 1 1 24a. Was perfo	tobacco use co Yes 2 No an autopsy rmed? Yes 2 No ona) dence 6 Oth how injury occur	3 Prob 24b. We ava con of d 1 Deer (Specify, red	Interval Between Onset and Death Death Onset and Death Death Death Death Death Death Death Dea
Hospital or Attending Physician: The law requires that the death certificate be executed by the recovery selected and the control of the cont	edical Certification: To Be Completed by Physician/Medical Examiner	Immediate Ceuse (Final disaasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions conditions conditions are sufficiently for the conditions of the conditions o	e. A/Zh. b	Due to (or as a Due to (or a)))))))))))	a consequence a	demenuence of): uence of): uence of): derlying cause of the control occurred at the control of the control occurred at the	26. Place of Deather: 4 Nursing Hury at ork?	23b. Did to 1 24a. Was performent of the control of	tobacco use co Yes 2 No an autopsy ymed? Yes 2 No ona) dence 6 Oth how injury occur straat and Numb	3 Prob 24b. We ava con of d 1 D are (Specify, ted	Interval Between Onset and Death Onset and Dea
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State Registrar

32. Registrar's Signature

DHMH 16 Rev 6/95

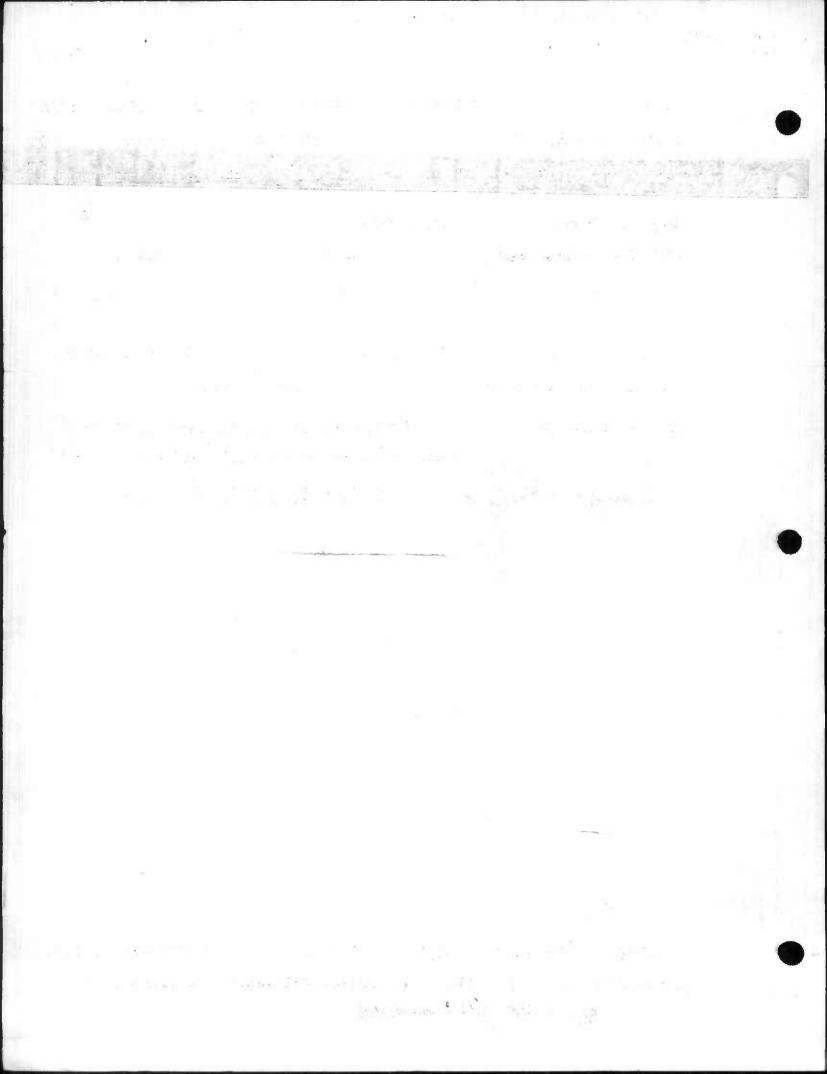
ITEMS: 24a,24b, PER MEO FILM g-740 10/24/96 t.t 96-5083-017IIFM: 23a PERPlease Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
CIP ITEMS: 23 PART 1, 27, PER NEO State of Maryland / Department of Health and Mental Hygiene FILM q-739 9/25/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Dey 8, **Physician** SEPT. BILLY KLINE EDWARDS JR. 1996 9:35AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 7. Age (In yrs. last birthday) Months Days Hours Min. Oct. 23, 1963 Birthplece (State or roreign (Month, Day, Year) Oct. 23, 1963 17249 TEAGUESPOINT ROAD 6. Sex 1 XM 2 ☐ F 5. Sociei Security Number **Funeral** 212-88-4750 Director Usuai Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location tiem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Modical Examination and be notified at 10d. Inside City Limits 1 Yes 2 No Director Maryland Charles Hughesville 10e. Street end Number 10f. Zip Code 10g. Cittzen of What Country? 17249 Teagues Point Road 20637 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental hygiene. Important If Item 27 is marked other than "natural", or han any injury or other traument. Black, White, etc. 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Foreman Heating & A.C. Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Billy Kline Edwards, Sr. Margie Jameson 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda Anne Edwards 17249 Teagues Point Rd. Hughesville, Md. 20637 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 Burial 2 □ Cremetion 3 □ Removal from State Resurrection Cemetery 9/11/96 Clinton, Maryland 4 ☐ Domation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Facility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervei Between Onset end Death **Physician** /Medical Immediate Cause (Final FATTY LIVER DUE TO CHRONIC ALCOHOLISH disease or condition resulting in death) Examiner Due to (or as a consequence of). Examiner buriel-transit Sequentielly ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): physician a P.O. Box 68760. The law requires that the death certificete be Physician/Medical Due to (or as a consequence of): for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causs of deeth? been signed by should be detec 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24e. Was an autopsy performed? page 2 s Yes 2 No XX Yes 2□ No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director. 25. Was case referred to medicat 26. Place of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home MResidence 8 Other (Specify) 2 MYes 2□ No 27. Manner of Death 1 ☑Naturai 28e. Date of injury (Month, Day Year) Certification: 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Ptace of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menner as stated.

**Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29a, Certifier 29b. Signature and title of certific 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. SEPTEMBER 9, 1996 30. Name end address of person who completed cause of death (Item 23e) (Type, Print) HARYSPION 1. KOREU

SEP1 7 1996 > Jalin Musikan Randall

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year)



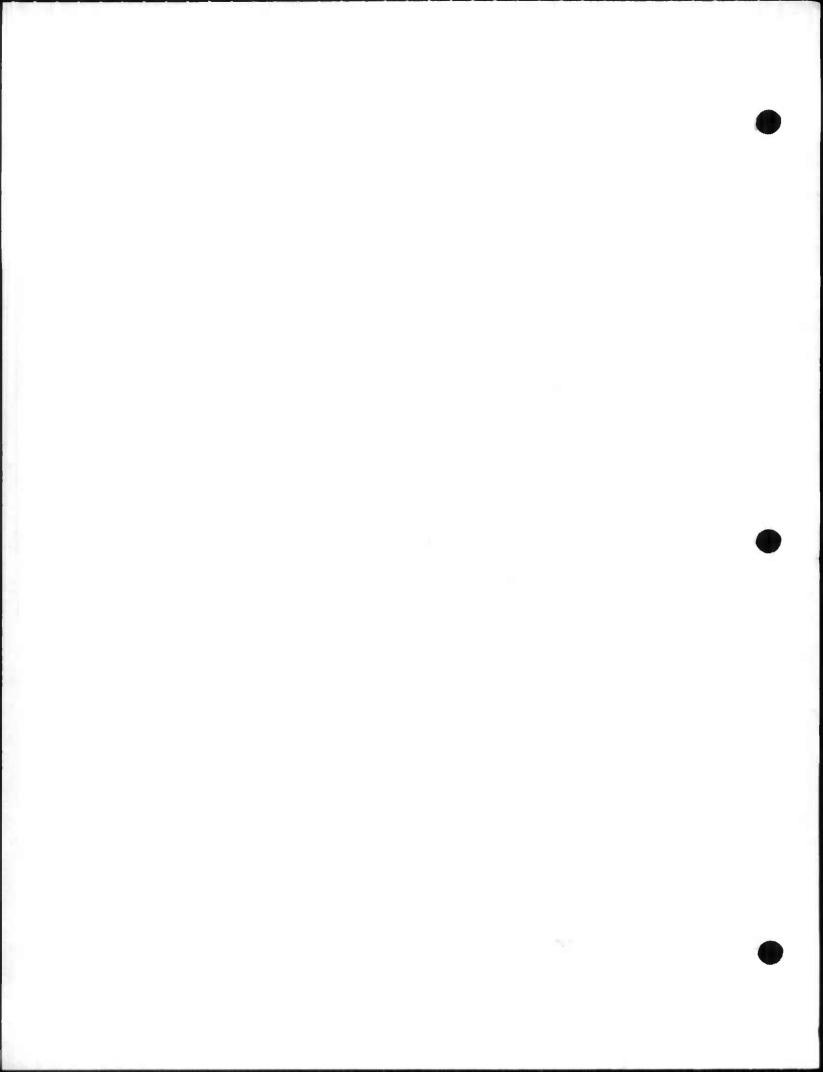
DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL HECCHUS, F.C. BOX ONTO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) BLANCHE R.	FOOTE				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	044 00 4040			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		HPLACE (State or Foreign			
æ	90. FACILITY NAME (If not institution, give stre Sacred Heart Ho	net and number)	9	b. CITY, TOWN C Cumber	PR LOCATION OF O		9c. COUNTY OF C	DEATH			
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY										
DIRECTOR	Maryland Alleg	any		coning	15.00			10d. INSIDE CITY LIMITS? 1 YES 2 JANO			
FUNERAL	36 Watercliff	Street		100	. ZIP COOE		10g. CITIZEN OF USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 PNO	If yes, sp	ENDENT OF HISPAI ocity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc. White			
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Homemak	k done during mo	DN st of working	16b. KIND OF BU	SINESS/INDUSTRY				
S O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
BEC	Newman Wilson	n			Bessi						
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	, , , , , , , , , , , , , , , , , , , ,				
	Walter Foote 20a. METHOD OF DISPOSITION	201	13226	NEDOSITION /A/a	mo of	20-10	CATION ON T	1d. 21561			
	1 Donation 5 Other (Specify)	el from State	netery, cremetory or other mber Land	Crem	atorvAu	12.30.199	6 Cumbe	rland,Md.			
9	21. SIGNATURE OF FUNERAL SERVICE LICEY A. E. M.	K		Eich	uneral	al Home					
	23. PART i. Enter the diseases, or con shock, or heert failure. Lie	mplications that caused	the death. Do not	enter the mo	de of dying, auc	Md. 2153 h as cerdiac or respi	ratory arrest,	Approximata			
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	Cicute	M. I					Interval Between Oneen and Death			
NOIL	Sequentially list conditions, if any, leading to immediate	Coronar		ny	dise	ase		10 years			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	\							
ALC	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying				. WERE AUTOPSY FINDINGS			
PHTSICIAN: MEDIC	Pan kinsonis	sm / E	SP.C.V.	17, C	H. 1-	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A.	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL		DEATH YES	□ NO 🖔	UNCERTAI	N 🗆					
5	EXAMINER?	HOSPITAL:			5 □ Beeldesee	8 Other (Specify)					
- 1	27. MANNER OF OEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJU	JRY AT	26d. DESCRIBE HOW II	NJURY OCCUREO				
ED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	et, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural F	loute Number,			
COMPLETED						nd due to the cause(s) and manner as stated. at the time, date and place, and due to the cause(s) and manner as state.					
0 00 01	296. SIGNATURE AND THE OF CERTIFIER V. A- Kenyt K			D19750 29d. DATE SIGNED (Month, Day, Year) Aug. 29 96.							
-	V.A. Ranjithan, M.				Dr. Ext	, Cumberla	1	21502			
	31. DATE FILED (Month, Day, War) SEP 0 3 1996	2 REGISTRAN'S SIGN	hardoll								



State of Maryland / Department of Health and Mental Hygiene 96 27595

					C	ertificate of	Death		Reg. No	o.					
Physic	cian	1. Decedent's Nama (First, Middla				TIAVE		2. Data Mon	of Deeth	y Year	3. Time of Death				
/Med		DELMA	DOROTHY	_		FLAKE		Augu	ist 3		7:30 AM				
Exam	iner	4a. Facility Nama (It not institution, Memorial Hospit	give street end no al & Med	ical Ce	nter			n, or Location of Irland		County of Death					
Funera Directo		5. Social Sacurity Number 219-76-1687	6. Sax 1 □ M 2 🔀 F	7. Age (In yrs	. lest birthda Yrs.	y) If Undar 1 Year Months Days		4 Hrs. 8. Data Min. (Mon	of Birth Year,	9. Birti	npiace (Stata or Foreign				
9	1	Usual Rasidance of Dacedant						1.00	4. 5,	1714					
with the Maryland a or 28a-f show Lbe notified at	-	10a. Stata 10b. County		10c. C	ity, Town or						10d. Inside City Limits				
The M	Director	MD Allega	any		Cumb	erland					1 X Yas 2 No				
Milh Milh		707 Glenmore S	Stroot			10f. Zip Coda	22		10g. Ci	tizen of What Co	untry?				
death rms 2	Funeral	11. Maritel Stetus	12. Was Dad	edent Evar in U	J,S. 13	2150 B. Was Decedent of If Yas, specify Cut		n? (Specify Yes	or No-	14. Race - Amai	rican Indian,				
or its		1 Naver Merriad 2 Marrie	Armed F ed 1 Yes tf Yas, G	2 No		If Yas, specify Cut		Puerto Ricen, et	tc.)	Biack, White	ı, atc.				
21215-0020 21215-0020 within 72 hours after death with the Maryler plene. Then "naturel", or items 2de or 28s-1 show the Medical Examiner must be notified at	d by	3 Widowed 4 Divorced	Yaar or [Dates:						Spacify:	white				
15.	Completed	15. Dacedant' (Specify only highest	s Educetion grada complated))	16a. Dad (Giv	cedant's Usuai Occu va kind of work done . DO NOT usa ratire	petion during most o	of working	16b. K	(Ind of Business/I	ndustry				
2121 swithin jene. rthan	dimo	Elamantary/Secondary (0-12)	Collaga ((1-4or 5+)		maker	,0)		O	wn Home					
tal Hyginad other	Be C	17. Fathar's Nama (First, Middla, L	ast)				18. Mothar's	s Name (First, A	Aiddle, Maider	Sumeme)					
Maryland 21215-0020 d 2 should be lited within 72 hours all th and Mental Hygiene, 7 is marked other than "natural", or traumetic event, the Medical Exert traumetic event, the Medical Exert	10	Perry F. Gro	SS				Bess	sie (Rob	ertson	1)					
Mar 12 sh 12 sh 12 sh 13 m		19e. Informant's Name/Ralationsh				lling Addrass (Straa									
		Wilbur E. Flat 20a. Mathod of Disposition	kehusba			Glenmore		t; Cumb			502				
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Baltimore, permit. Pages 1 a Department of Hea mportant: If Item any injury or othe ance.				P.				Y 09/0	13 (1	mberlan	a, MD				
n delig		4 Donation 5 Other (Spacify) Pleasant Grove Cemetery 09/03 Cumberland, MD 21. Signetura of Funeral Sarvice Licansaa 22. Name end Addrass of Fecility Scarpelli Funeral Home Cumberland, MD 21502													
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/ /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	. Ven	tricula	r Tach	nycardia-l	Fibrill	ation.		-	30 Months				
	6	Tenus y in county			or as a cons										
uted d ansit	Examiner	Proceeds & the condition	b. Cor	•	ale +	Cardiomy	opathy.		5		Five Months				
be emocy ician and burial-tran		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				equance or):				1	Di a Varia				
OX OS/OU, Certilicate be en nding physician use as the buria	edical	Cause (Disease or injury that initiated events resulting in death) Last	c. Sev	ere C.O	P.D. or as a conse	equence of):					Five Years				
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2 2 2	by P							_	1 Yes 2	Po 3□ Pro	obably 42 Unknown				
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has be	ple								periorinear	C	omplation of causa f death?				
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OI VILIAI Physicien: Th rhis certificate rail director, pa	Be	25. Was case referred to medical examiner?	Hospital: >/					f Death (Check	only one)						
	10	27. Mannar of Death	Hospital: 1		ER/Outpatie	ent 3LI DOA				6 □Other (Spec	ify)				
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or Attending Phy after death. Director: After this in by the funeral d	tiffica	3 Sulcida 6 Could no datarmin	t be 28a. Place	of Injury - At h	oma, farm, s	traat, factory, office		28f. Loca	tion (Straat ar	nd Number or Rui	ral Routa Number,				
	Se	4 Homolea	DUNGI	ng, atc. (Specif	y)			Спу	or Town, State	3)					
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within 2 To the Comple	Me	29b. Signature and the obcertifier	and man	nar stated.		29c. Licans				ta signad (Month					
- * - 5		Mark	Louris	1/1/2		7/	6011		2	PU ATT	2) 169%				
10		30. Nama and addrass of person w	no completed caus	sa of death (Item	n 23a) (Tvno	Print)	1404		1) Iuc	mas (1) 11/69				
TLAS		Dr. Terry Willia	ums Me	morial	Hospi	tal Medic	al Buil	lding (Cumberl	Land, MD	21502				
Sta		31. Data filad (Month, Day, Year)	000 378	egistrar's Signe	etura	41									
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G PHYSICIAN: The law requires that the death certificate be executed within 24 hour	er this certificate has been signed by the attending physician and completely filled in
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NDING	After this
R ATTENDING	After this
L DR ATTENDING	DIRECTOR: After this
DR ATTENDING	IRECTOR: After this

		FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICAT			MENTAL HYGIEN REG. NO.	E					
		DECEDENT'S NAME (First, Middle, Last) HAROLD STOWERS	FISHER				2. DATE OF DEATH	, 1996 ^{rear}	3. TIME OF DEATH 3:03 P M				
ē		213-12-9216	K) M 2 □ F 76	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.		1920 Coun	MD				
. 2, 3 should	TOR	9e. FACILITY NAME (If not institution, give atreet DEVLIN MANOR NUR RESIDENCE OF DECEMENT			UMBEI	RLAND	EATH	9c. COUNTY OF					
rt. Pages 1	DIRECTO	MD Alle	gany	10c. CITY, TOWN	or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
in. ransit permit.	FUNERAL	235 Paca Street				21502		USA	WHAT COUNTRY?				
15-0020 ending physician. as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE WWW II	2 NO		ocity Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) //	or No 14, RAC Blac Spe	E — American Indian, ck, White, atc. white				
21215 tal or attend for use as	LETED			Give kind of work do	e during mo:	st of working		corp.	1				
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-trannotified at once.	COMPL	12 17. FATHER'S NAME (First, Middle, Lest) Robert Fisher		Retired	Tran	18. MOTHER'S NA	ME (First, Middle, Melden n Marian (S	Sumame)					
	TO BE	19a. INFORMANT'S NAME (Type/Print) Julie R. Close-	daughter			nd Number or Rural i	Route Number, City or Tow et; Frostb	n, State, Zip Code)	21532				
BALTIMORE, I er death. Page 6 may be the funeral director, page val.		20a METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remova 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	M	ACE AND DATE OF DISP ry, crematory or other plants. VIEW Co	mete	су	09/04 S	CATION — City or 1 Sharpsbur					
BALTIN ter death. Pag the funeral dir the swali.		+ James 7	Scarp	ell	Cuml	perland,	uneral Hom MD 21502						
ted within 24 hours after completely filled in by the fial, cremation, or removal a event, the medical		23. PART / Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t-only one cause on each	line.	er the mo	de of dying, suc	h as cardiac or reap	iratory arrest,	Approximate Interval Batween Onset and Death				
P.O. BOX 68 h certificate be executed by the private of the private of the private of the private of the private of the traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
ORD that the od by the	ICAL	PART II. Other aignificent conditions of	contributing to death but	not resulting in the	underlying	g ceuse given in	Part I. 24a. WAS AN PERFOI 1 TYES 2	PMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AL RI le law rec has beer Dept. of	CIAN: MI	DID TOBACCO USE CONTRIE		PLACE OF DEATH (Che	ck only one)	UNCERTAI	NO		1 Tes 2 No				
NG PHYSICIAN: The flet this certificate sath with the State marked, or item	PHYSICIAN:	1 YES NO	Inpetient 2 ER/Outpetil 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO		8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED					
ISIC TTENDI TOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)		actory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
DI NL DIRI L DIRI 2 hour	PL	CONNECTION OF THE PROPERTY OF	N: To the best of my knowled						(s) and manner as stated.				
TO THE HOSPITA TO THE FUNERA De filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	() - ;			29c. LICENSE NU D12779		≥ Sept	(Month, Day, Year)				
nis		Dr. W. Guy Fise	cus: 500 Me	emorial A	Aveni	ue; Cum	berland,	MD 215	02				
		31. DATE FILED (Month, Day, Year)	John Stwalisa	-Rardell									

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INTISION OF VITAL RECORDS, P.O. BOA DO TOU,

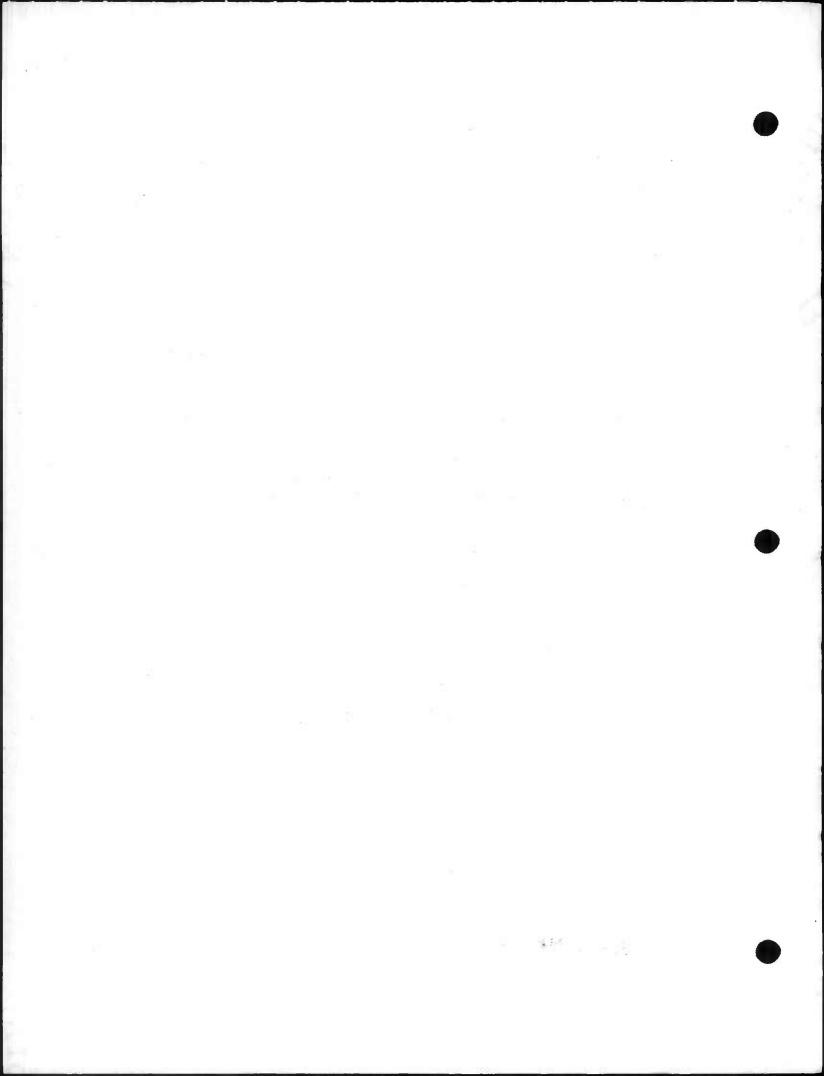
TO THE HOSPITAL OR ATTENDIAD PRISIDAN: The law requires that the death certificate be executed within Arours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLANERAL DIRECTOR After this serificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be manually manually been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be manually been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be manually been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be manually been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be attended for use 2, 4 should be detached for use 3, 4 should be attended for use 3, 4 should be detached for use 3, 4 should be attended for use 3, 4 should be attended for use 3, 4 should be attended for use 3, 4 should be attended for use 3, 4 should be attended for use 3, 4 should be attended for use 3, 4 should be attended for use 4 should be attended for use 4 should be attended for use 4 should be attended for use 4 should be attended fo BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	t. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH				3. TIME OF DEATH						
	Delores J.	Fairgr	cieve	2						t. 5%	199	6 YEAR	700 0 3 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTN	IPLACE (State or Foreign	
	234-64-4605	1 🗌 M 2 🔯 F	61	YRS.	MONTHS	DAYS	HOURS	MINI,	NOV	24, 1	934	Ohi	d'o	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN C	R LOCAT	ON OF DE				NTY OF D	EATH	
OR	23102 Newt Stre	et			Bar	ton				Α	11e	gany	7	
5	RESIDENCE OF DECEDENT											-		
FUNERAL DIRECTOR	Maryland Alleg			Bart	On	OR LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	23102 Newt Str	eet		21521							"US	ZEN OF V	VHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	N U.S. ARMED 13. WAS DECENDENT OF HISPAN						17 (Specify Yes	or No-	14, RACE	- American Indian,	
ВУ Е	1 Never Married 2 Married	IF YES, GIVE W	YES 2	TES If yea, specify Cuban, Maxican, Puarto Ri 1 ☐ YES 2 ☐ NO Specify:						Rican, etc.)			hite	
	3 Widowed 4 Divorced													
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	/G	CEDENT'S	vork done	CCUPATIO	N st of worki	ng	16b	. KIND OF BUS	INESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		seke		.ng			ursin	g H	ome			
ő	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)			
BE	Leo Lashley			Elma Pettroff										
10	19a. INFORMANT'S NAME (Type/Print) Milton R. Fairg	rieve	23	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State 3102 Newt St., Barton, Md. 215										
	20a. METHOD OF DISPOSITION	-	20b. PLACE	AND DATE O	OF DISPOS	SITION (Na	ma of		DAT	E 20c. LO	CATION —	City or To	wn. State	
	1 N Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	cemetery, cre	matory or of	ther piece)	oto	2017	Cont	1					
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	V. V	TPW	22.	NAMEAN	D ADDRE	SS OF FA	CILITY	ie Fu	MOS	<u>COW</u>	Mills,Md.	
	* James &	= -11-	have :									ат н	поше	
										2153				
	23. PART L Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final													
		0	1.										Onset and Death 5 minutes	
	disease or condition s. Cardiac Arrhythmia OUE TO (OR AS A CONSEQUENCE OF):													
			•				. 1							
CERTIFICATION	Sequentially list conditions,	DUE TO	chemic (OR AS A CONSE	Car DUENCE OF	aloi	myoi	oatn	ıy					3 Years	
¥.	If sny, leading to immediate csuse. Enter UNDERLYING												10	
Ē	CAUSE (Disesse or Injury that initiated events	DUE TO	abetic	OUENCE OF	J: CHT 9	a.i.	rse	ase					20 Years	
	resulting in desth) LAST	d												
	PART II. Other significant condition		4 4 1 4 6											
MEDICAL	Dialysis					nderlying	ceuse	given in	Part I.	24a, WAS AN PERFOR		24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă	Drarysis	ror Kei	nai ra.	LIUI	<u>e</u>				,	1 TYES 2	₽ NO		OF DEATH?	
M	DID TORACCO HEE C	O ITOIDI IVE	70 0111						_/				1 TYES 2 NO	
Ä	DID TOBACCO USE C	ONIKIBUTE	TO CAUS	E OF	DEAT	H YI	S	NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only or	ne)				
ΥS	t VES 2 NO	t Inpetient 2		_	4 🗆 Nun	sing Hom		esidence	6 🗆 Othe	н (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF (Month, D.		26b. TIMI INJ	URY		RK?	, . I	28d. DES	SCRIBE NOW II	NJURY OC	CURED		
BY	2 Accident Investigation	28- 51 405 0	E IN HIEW AND		M		'ES 2 [NO						
	3 Suicide 8 Could not be 4 Nomicide determined	building,	F INJURY — At ho atc. (Specify)	rme, rarm, s	Rreet, fact	tory, offic	1			ATION (Street a or Town, State)	nd Numbe	r or Runal F	Toute Number,	
Ē	29a, CERTIFIER										_			
MPI	(Check only	CIAN: To the best of												
S Could not be determined building, atc. (Specify) 29a. CERTIFFIER (Check only one) 29a. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	an m	CYC				29c. LIC	ENSE NUN	#BER	2)	29d. DAT	E SIONED	(Monte, Day, Year)	
2	Mount III	11	, 0				4	0 '	10:	5 1	P 9	5 5	1-6	
	NOWALD MAN	GEA M!	SE OF DEATH (ITE	M 27) (Type,	Print)	4/1	K	1 R	P	CUMB	En	ال ۱۸ اس	and	
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE) 4 .4			<u> </u>	- [
SEP 0 9 1996 Jahn Studen Revolate														
		100												



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27598

21613

_						COLL	noate c	Death		R	eg. No.					
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) Cecilia E. Flowers 2. Dete of Death Aug. 3 Tay 1996 1014 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth													
	Exami		4a. Fecility Neme (If not institution, giv Dorchester Ge		,				wn, or Local		4c. County		ster			
	Funeral Director		210-12-0022	6ex 7. A	ge (In yrs. last bii 90		f Under 1 Ye fonths Da		Min. B	Date of Birth (Menth, Dey ED	(Year)190	9. Birthpi	ace (Stete or Foreign			
	r 28a-f show	tor	Usual Residence of Decedent	ster	10c. City, Tow		ion nbrid	qe				10	0d. Inside City Limits			
	23a or 28a	Funeral Director	10e. Street and Number 5407 Bonnie B	rook La	ne		10f. Zip Cod	1613		10g. Citizen of What			try? A.			
020	or Herna	by	11. Meritel Stelus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	? No			of Hispenic Original Control Original Control	gin? (Specif , Puerto Ric	y Yes or No- ean, etc.)		ca - America ck, White, e				
21215-0020	vithin 72 hours ne. han "naturel", is Medical Exi	To Be Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12)	ducation ide completed) Coilege (1-4or		(Give kin life. DO		ne during most tired)	of working		16b. Kind of B					
2	Hygie Herr	ပိ	17. Father's Name (First, Middle, Last)			НС	usew		r's Nome /5	iret Middle M	H C Meiden Sumen	omema	iker			
an	od be	Be	Hjalmar Fondil								n name	,	nown)			
Maryland	nd 2 should th and Me t7 is mark treumation	Ĭ	19a. Informent's Neme/Relationship (Leonard T. Flo	Type, Print)				eet end Numbe	or or Rural R	loute Number	, City or Town,	Stete, Zip				
Baltimore,	permit. Peges 1 and 2 should be filed within 72 ho Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natur any fnjury or other traumatic event, the Medical once.				20b. Piace o cemete				9-	20c. Location - City or Town, State						
Balt	permit. Departi Importi any Inji		Dorchester Mem. Pk. 9-3 Cambridge, MD. Signature of Funeral Service Coercises 22. Name and Address of Facility Curran—Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD. 21613													
	Physician /Medical Examiner	iner	23. Part. Enter the disease, or com- shock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death)	Respi	ratory Due to (or as a nown	Fail	lure	uying, such as	cardiac or in	espiratory arm	eol,		Approximete Interval Between Onset and Death			
30,	e executerian and eurial-trans	Exam	Sequentially ilst conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	Due to (or as a	conseque	nce of):									
ox 68760,	death certificate be executed e ettending physician and of for use as the burial-transit	an/Medical Examiner	that initiated events resulting in death) Lest	d	Due to (or es e	consequer	nce of):									
m	# # 0		Pert ii. Other significant conditions o	antibuting to death I	nut not soculting i	a tha condu	dulas as us	abres in Bart I		22h Did to		manifered a An	the cause of death?			
P.0	that the ed by th detache	by Physici	Unknown		but not resulting i	i the unde	mying cause	given in Part I.			ss 2 No		37			
Records,	s been s 2 should	Completed b								24e. Was an eutopsy performed?			re autopsy findings illable prior to npletion of cause leath?			
E F	The sea									1 □ Ye	es al No	1 🗆	Yes 2□ No			
Vital	Physician: The this certificate ral director, page	Be	25. Was case referred to medical examiner?	Magaital.					of Death (C	Check only on	18)					
of	2 00	2	1 Yes 20 No	Hospital: 1 ☐ Inpati		•	3LI DON				ence 6 Oth)			
Division	ding After fune	Certification:	27. Manner of Death 1 X Neturai 5 Pending 2 Accident investigetlor 3 Sulcide 6 Could not be				M 1	njury at Work? I □ Yes 2 □ I	No		ow Injury occur					
Div	5 4 5 5		4 Homicide determined	bullding, e	jury - At home, fa					City or Towr	n, State)		Route Number,			
	To the Hospital within 24 hours of the Funeral completely filled	edical	(Check only one)	niner: On the basis of and manners	of examination an	d/or Invest	th occurred et the time, date and place, and due to the cause(s) end manner es stated. nvestigation, in my opinion, death occurred at the time, date end placa, and due to the o					the cause(s)				
	vithin To the	Me	29b. Signeture end title of certifier				29c. License number 29d. Dete signed (Month, Day, Year,				Day, Year)					
	- > - 0		1 unde	1/80	11		D4	6111			9	1/1/9	6			

State Registrar

30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) 300 Byrn St., Cambridge, MD. 216
Dr. William Todd, Dorchester General Hospital, Emergency Services,
31. Date filed (Month, Dey, Year)

32. Registrar's Signature 32. Registrar's Signature

The State of the S and the state of the state of

_					ı Marylal				Death		Reg. No.	O 5	2/099
	Physici (Medi		Decedent's Neme (First, Middle	o, Last)	Jay W	Webste:	r	FEN	TRESS	2. Date of De Month	Day	Yeer	3. Time f to th
	/Medi Examii		4e. Facility Name (If not institution	And Control of the Control	nber)				4b. City, Town, or L			-	
	Funerai Director	0.6	PENINSULA REG 5. Social Security Number 237-05-6404		7. Age (In yrs	ENTER Last birthday) 1 Yrs.	If Und Months	er 1 Yeer Deys	SALIS If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, De	rth ey, Year) 4/15	Cour	lace (Stete or Foreign
	yland Now		Usual Residence of Decedent 10e. Stete 10b. County		10c. C	ity, Town or Lo	cation					1	0d. Inside City Limits
	e Mar	Director	VA. Acc	omack	0	nanco	ck						1⊠ Yes 2□No
	with th		10e. Street end Number				10f. Z	ip Code	. ~		10g. Citizen of	What Cour	ntry?
20	n 72 hours after death with the Maryland "natural", or Hema 23a or 28a-f ahow edical Examiner must be notified at	by Funeral	5 Sturgis S 11. Meritel Stetus 1 Never Merried 28 Merr 3 Widowed 4 Divorced	12. Wes Dece Armed Fo	2 2 No		Yes, sp	234 edent of Hecify Cube 2 No	L / lispanic Origin? (Sp en, Mexican, Puerto Specify:	pacify Yes or No Rican, etc.)		ca - Americock, White,	etc.
21215-0020	yiene.	Completed t	15. Decedent (Specify only highest Elementery/Secondery (0-12)	's Education			kind of w	uei Occup rork done use retired	during most of worl d)	king	16b. Kind of E		
nd	tal Hygi d other event,	Be	17. Fether's Neme (First, Middle,	· ·					18. Mother's Nem			ne)	
Maryland	d 2 should be filed thand Mental Hyg 7 is marked othe traumatic event,	2	Julian Webst		ress	19h Maiiin	a Addro	es (Street	Ver	ta Ta		State 7in	Code
S	CENL		Eloise Kelly		s-Wif		-		Street				23417
altlmore,	프로 를 됨		20e. Method of Disposition 1 Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (S)	3 □Removel from	20b. Stete	Plece of Disponentery, cremetery, cremetery	sition (N	eme of other plea	ca)	Dete	20c. Location	- City or To	own, Stete
Balt	permit. Pege Department of Important: If any injury or 20028.		21. Signeture of Funeral Service	Villie	ne)	W	1111 14 M	iams	ss of Fecility S-Onanco et Stree	t. On	ncock		23417
Box 68760,	Physician and percentificate be executed by the ettending physician and deteched for use as the burlet-transit	Physician/Medical Examiner	23a 11. Enter the disease, or neck, or heert teilure. List timmediete Cause (Finel disease or condition resulting in deeth) Sequentietly list conditions, if eny, leading to immediete cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	e. M b. Athe c	Due to (or es a consequence or es e consequence or es	uence of	Infe ides):	vasea				Approximate Interval Between Onset and Deeth
P.O.	the de ay the a	hysic	Pert II. Other significant condition	ne contributing to de	ath but not re	suiting in the ur	nderlying	cause gh	en in Pert I.		tobacco use co	3 Pro	the cause of death?
Division of Vital Records, F	aw requires is been sign 2 should be	Completed by P								24a. Wes	s an eutopsy ormed?	24b. W av co of	ere eutopsy tindings aileble prior to mpletion of cause death?
a	delen: The certificate rector, pay	BeC	25. Wes case reterred to medical examiner?						26. Place of Dee				169 20140
ion of V	ng Phys fter this meral di	2	27. Menner of Deeth 1 Meturat 5 Pendin 2 Accident Investig	28a. Dete of (Mont	npatient 2 [ot Injury h, Dey Year)	28b. Time of Injury	t 3□ 0	28c. Injur Wor	4 LI Nursing H		idenca 6 Ott		(y)
Divis	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 6 Could r 4 Homictde determi	ned 256. Piece buildir	ng, etc. (Speci					City or To	wn, Stete)		al Route Number,
	the Hosp thin 24 hot the Fune mpletely fi	Medical	one) 2 Medicat I	Physician: To the Examinar: On the be end menr	sis of examine	owledge, death etion end/or inv	estigetic	n, in my o	pinion, deeth occur	end due to the red et the time,	dete and place,	and due to	the cause(s)
	- × - 8		29b. Signature and title of certifier	Pouteub	y		2	1 5 8	e number		29d. Dete signe	5/96)
		15	30. Neme and address of person of JUHN A. RUUTE		1.1	m 23e) (Typa, I				BURY	MO. 2	1801	
	Sta Registr		31. Dete filed (Month, Dey, Year) AUG 2. 8 19	32. R		eture							

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State of Maryland / Department of Health and Mental Hygiene 96

27600

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Н	Physic	ian	1. Decedent's Neme (First, M	iddle, L	ast)								2. Dete of D Month	eath Dev		Year	3. Time of Death	
	/Medi		Ruth Ire										Aug. 2	8, 19	96		1510	
<i>)</i>	Exami	ner	4a. Fecility Neme (If not instit										ocation of Dee			of Deeth		
		ш	Washington			-			WALLE	11/	Hager			I	Vas	hingt		
П	Funeral		5. Sociel Security Number	6.	Sex 1□M 2ØF		e (In yrs. lest bir	thdey) _ Yrs.	If Under Months	Deys		24 Hrs. Min.	8. Dete of B (Month, D Oct. 2	irth lay, Year)		9. Birthp	plece (State or Foreign	
	Director		176-07-9053 Usuel Residence of Deceden			80)	110.					Oct. 2	8, 19	15	Penr	nsylvania	
	lend w #		10e. Stete 10b. Co				10c. City, Town	n or Loc	ation							1	Od. Inside City Limits	
	Me.	ţ	Maryland Wa	achi	ngton		Smit	heh	1110								1 Yes 2 XNo	
	128	Director	10e. Street and Number	LULIA	1150011		Onizi		10f. Zlp	Code				10g. Cltiz	en of V	of Whet Country?		
	Sa o		21916 Holiday	Dri	ve									USA				
	deatl	Funeral	11. Meritel Stetus		12. Was Dec	edent	Ever in U,S.	13. W	les Deced	lent of	Hispenic Or	lgln? (Sp	ecify Yes or N Rican, etc.)		I. Rec		can Indian,	
0	or he		1 Never Merried 2	Merried	Armed F 1 Tes If Yes, G	2 🗀			Tes, spec				Hican, etc.)			ck, Whita,	etc.	
21215-0020	72 hours after death with the Merylend natural", or Items 23a or 28a-1 show asset Examine must be notified at	d by	3 □{Widowed 4 □ Divo	ced	Yeer or I	Detes:		'	L 162 7	Z LAL INO	эреспу:			S	pecify	Wt	nite	
7	172 hours after death with the Menylen "netural", or Hems 23s or 28s-f show pices Examiner must be notified at	Completed	15. Dece (Specify only hi	dent's E	ducation rade completed)	16a.	(Give I	ent's Usue	rk done	during mos	t of work	ing	16b. Kin	d of Bu	usiness/In	dustry	
121	within ene. then	E D	Elementary/Secondery (0-1	2)	College	(1-4or !	i+) 1		ewife		ed)			la .				
D	a filed all Hygie offher I	ပိ	17. Fether's Neme (First, Mid	de Las	<i>t</i>)		ı	ious	GMII	=	18 Moth	ar's Nam	e (First, Middle		ome	10)		
Maryland	Mental Mental arked o	Be C	Harry Garfie		Bucher						Annie		dia R		urriori	10)		
2	2 should b and Ments is marked sumatic e	2	19e. Informant's Neme/Relet				19b	Mellin	n Address	(Stree	J		ral Route Num		Town	State Zin	Code)	
S	d 2 in a in a in a in a in a in a in a in		Gerald E.		ev						alls D							
Je,	tem 27 tother trees		20e. Method of Disposition	IL	Су		20b. Plece of	Dispos	ition (Nen	ne of		TIVE	Dete	20c. Loc	atlon -	City or To	Land 21783 own, Stete	
altimore,	Peges nent of I ant: If Ite		1 □XBurial 2 □ Cremet 4 □ Donetlon 5 □ Othe			Stete	Smith	-	etory or o			Q	/31 /06	Smi +h	ab.	1200	Maryland	
3	교육관중 .		21. Signeture of Funeral Sen		• • • • • • • • • • • • • • • • • • • •		Silletti					ty Q						
Ö	Depa Impo		Brood 7	n	MAM	M	all				ess of Fecili Minn	ich		. Pot				
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4	Physician		shock, or heart feilure.	List only	one cause on	eech li	16.										Interval Between Onset and Death	
	/Medical		Immedieta Causa (Finel diseese or condition		Co	no	hova	20	u la		900	'de	w-			1	3 Day	
	Examiner		resulting In deeth)		θ.) <u>L</u>	Dua to (or as a	consequ	uence of):		, ,							
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	and -trans	Examiner	Sequentially list conditions,		D. ——		Due to (or as e	onsequ	uenca of):									
90	clan clan burial		if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	1	C													
68760,	certificate be executed ding physician and se as the burial-transit	edical	thet initiated events resulting in death) Lest	1			Due to (or es e o	onsequ	ence of):									
×	certific oding p	₩.	d															
Box	" C 3	clar																
0.	0 0 0	Physiciar	Pert II. Other significant con	itions	contributing to d	leath b	ut not resulting Ir	the un	derlying co	ause gi	iven In Part i	i.					the cause of death?	
	that ned b	by Pt	Congesti	بنر	He	on	1- 7	eu'	leup				1	Yes 2E	No	3 ☐ Prol	bably 4 🗌 Unknow	
20	The law requires that the site has been signed by the page 2 should be deteched.	å o	O				,						24e. We	s en eutops	у	24b. W	ere autopsy findings	
ပ္ပ	aw require ss been si 2 should I	lete					_						per	lormed?		00	ellable prior to impletion of cause death?	
Re	he lav e hes age 2	Completed											10	Yes 2	No		Yes 2□ No	
ā		Bec	25. Was case referred to med	ical							28. Pleca	of Deat	th (Check only		140		2100 2010	
>	Physician: r this certific and director,	TOE	exeminer?		Hospitel: 1 💟	Inpatie	nt 2 ER/Ou	tpatient	3 DQ	A Ot	hor:		me 5 Res		Oth	er (Specif	(v)	
Division of Vital Records,	ding Phys h. After this funeral di		27. Menner of Deeth 1 Naturel 5 Pe	dina	28a. Data	of Inju		ime of	2	8c. Inju			28d. Describe					
<u></u>	Attending or death. ector: Atter by the fune	athc	2 ☐ Accident Inv	estigation	on	,,		·1	М		Yes 2	No						
Š	or Attendent of the deat Director:	Certification:	3 ☐ Suicide 6 ☐ Co 4 ☐ Homicide del	amined	288. PIEC		ury - At home, fe	rm, stre	et, fectory	, office				(Street end own, Stete)	Numb	er or Rura	Il Route Number,	
	ital or rai Dir led in																	
	Hosp 14 hou Fune tely fi	edical	(Check only 2 Medi	lying Pi cai Exa	miner: On the b	esis of	of my knowledge exeminetion end	death	occurred estigetion,	in my	lme, data en opinion, dae	d plece,	and due to the	cause(s) a	nd ma	nner as si	tated. the cause(s)	
	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral	Med	one)		end mer	ner ste	ited.										<u> </u>	
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			30. Neme end address of periods ABDUL Wil		completed cau	se of d	neth (Item 23e) (Type, F	rint)	41	Au	E.	HACE	RUTO	No	v. n	1021742	
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Registrar

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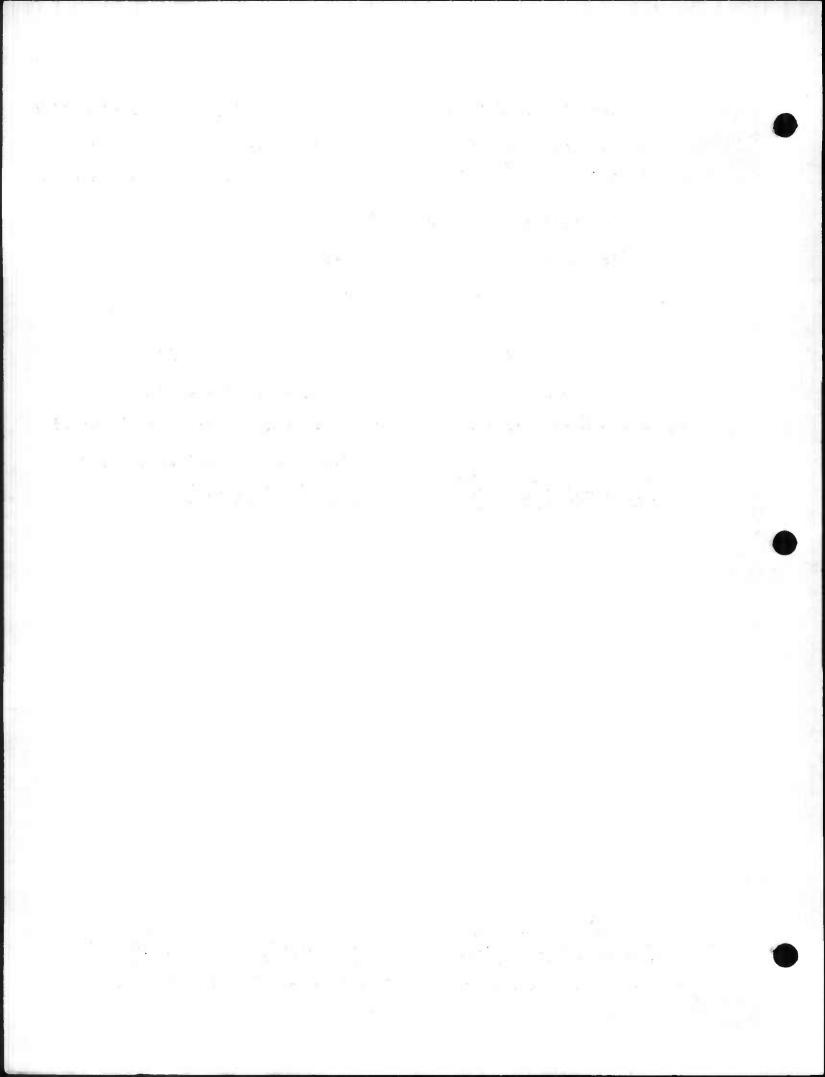
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						ii y iar ia		ertificate o		a mentarri	Reg. No.	20	2/001	
Dhysia		20	1. Decedant's Nama (First, Middla	-						2. Data of C	eath Day	Year	3. Time of Death	
	Physici /Media		WILLIAM	C	RIS			+	OKD	R Que		3, 1996	2/2/	
	Examir	er	4e. Facility Nama (If not Institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER							4b. City, Town, or Location of Geeth SALISBURY 4c. County of Deeth WICOMICO				
	Funeral Director		5. Social Security Number 213-22-4626	6. Sax 1⊠ M 2		(In yrs. la.	st birthda Yrs.	y) If Under 1 Yes Months Day		lin. (Month, L	lirth Day, Year) 7 14, 1929	9. Birthple Counti Mai	ace (Stata or Foraign ry) cyland	
	and		Usual Residence of Decedant 10a. Stata 10b. County			10c. City,	Town or	Location				10	d. Inside City Limits	
	Maryl 4 sho	5	Maryland Some	rset				field					1⊠Yes 2□No	
	r 28a	Director	10e. Streel end Number					10f. Zip Code			10g. Citizen of What Country?			
	th with		26382 Burton A	ve.,	P.O. B	ox 65	5	2 1	817		U	SA		
20	be filed within 72 hours after death with the Maryland tiel Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Merried 2 Merri 3 Widowed 4 Divorced	An 15	as Dacedant E med Forcas?			3. Wes Decedent of If Yes, specify Co		? (Specify Yes or Nuarto Rican, atc.)		Race - America Bieck, Whita, a ecify:	tc.	
9	hour		15. Decedant		ar or Dates:			cedent's Usuel Occ	unation		16h Kind	W N of Business/Inde	ite	
21215	within 72 iene. than "na	Completed	(Specify only highes Elamentary/Secondary (0-12)	grada com	olated) Illaga (1-4or 5-		(Gi lifa	ve kind of work dor . DO NOT use reti epairman	na during most of	working		levisio		
b	e filed with al Hygiene. other than vent, the M	BeC	17. Fathar's Nama (First, Middla, I	ast)	-				18. Mothar's	Nama (First, Midd	a, Maiden Sui	mame)		
<u>ylaı</u>	2 should be and Mentel is marked or raumatic eve	To	Oris Clinton	Ford					Wiln	na	Web	ster		
Baltimore, Maryland 21215-0020	d 2 should th end Men 7 is marke traumatic		19a. Informant's Name/Ralationsh		int)			illing Addrass (Stre					Code)	
	l and lealth m 27 ther ti		Sharon L. Ford/	Wife		20h Die		382 Burto	n Ave.,				0.11	
	Pages 1 ament of Healing 2		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (Sp		ol from Stata	Cer	natary, c	idge Ceme		8/26/96		field,	•	
Balt	permit. Pages 1 and 2 Department of Health e Important: If item 27 is any injury or other tra		21. Signature of Funeral Service L	icensee	,			22. Neme end Add Hollowa	trass of Fecility y Funera					
			Holloway Funeral Home MOIOS 501 Snow Hill Rd., Salisbury, MD 21804 23a. Part 1. Enter the disease, or compilications thet caused the death. Do not anter the mode of dying, such as cardiac or respiretory errasi, shock, or heart failure. List only one cause on each line. Approximat											
	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasulting in daath)		letosta	tic	1	equance of):	anen				Interval Between Onsat and Death	
-	D #5	liner		b. —										
ő,	ificate be executed g physician and as the burief-transit	il Examiner	Causa (Diseasa or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of):											
x 68760,	ertificate t ling physic se as the b	Medical												
Box	death cer e attendin ed for use	clan												
P.O.	ires that the death certific algned by the attending p d be detached for use as	Physician/M	Pert II. Other significant condition	18 contributir	ng to death but	t not rasult	ing in the	undarlying causa	givan in Part I.	23b. DI	tobacco use		the cause of death? ably 4 🗆 Unknows	
Division of Vital Records,	been peen ahoul	Completed by									s an autopsy formed?	COIT	ra autopsy findings ilable prior to apiation of causa eath?	
Re	The law ate has page 2	ошо								10	Yas 20 N		Yes 20 No	
ta		BeC	25. Was casa rafarred to medical		,				26. Placa of	Daath (Check only			75.14	
<u></u>	Physici this ceral direct	To	axaminar? 1 ☐ Yes 2 ☐ No	Hospita	i: 1 Impatian	t 2 E	R/Outpat	ient 3 DOA	Othar: 4 Nursir	ig Homa 5 ☐ Ra	sidance 8	Othar (Specify)		
0	Attending Physician: ar death. ector: After this certific by the funeral director,		27. Mannar of Daath Natural 5 Pending		. Data of Injury (Month, Day	Year) 2	8b. Tima Injun	V		28d. Dascrib	how injury o	ccurred		
Sio	tendi death tor: A	cat	2 Accidant invastig	ot be	Di				☐ Yas 2☐ No	Opt Leasting	(Chant on d h)	tumbas as Ound	Doute Mumber	
$\frac{1}{2}$	al or Attending P satist death. I Director: After t d in by the funers	Certification:	4 ☐ Homicida datarmi	ned 288	building, atc.	(Specify)	a, tam,	streat, factory, offic	e ·		own, Stata)	umber or Rural	Houre Number,	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	Medical C	29a. Certifier (Check only one) Certifying	xaminer: Or	To the best of the basis of e	examinetio	edga, da n end/or	ath occurred at tha invastigation, in m	tima, data and pi y opinion, daeth c	ace, and dua to the	a causa(s) and a, data and pla	d mannar as sta	ited. the causa(s)	
	ro the vithin ro the	Me	29h Stinature and title of certifier	4	0/1	9		29c. Lice	nse number		29d. Dete si	igned (Month, D	Pay Year)	
	2 N	/	40/	CE	-6		M	1	2627	8	8-	27-96	?	
	5/12		30. Nama and addrass of person v	no complate		eth (Itam 2	3a) (Typ	e Print)			• /)	
			Doud Count	m	14	SE	, (Carrill	57	Soli	sh	14-96 , MD 2	-2861	
	Sta Registr		31. Date filed (Month, Day, Year)	1996	32 Registra	Signatu	Ran	lath			0			

State of Maryland / Department of Health and Mental Hygiene 96 27602

					Cen	tificate of	Death		Reg. No.	- 142		
			1. Decedent's Name (First, Middle, La	st)				2. Date of De			Time of Death	
	Physici /Medi		Louise Eli:	zabeth Funk				Augus	t 30.	1996 (6:44AM	
	Examir		4a. Facility Name (If not institution, giv	e street and number)			4b. City, Town, or	Location of Deet	h 4c, County	of Death		
			Homewood Ret	inoment Cont	0 1		Freder	ch	Fred	enick		
Т	Funeral		5. Social Security Number 6. S	ex 7. Age (In yrs.		If Under 1 Yaer	If Undar 24 Hrs	8. Deta of Bir (Month, De	th		(Steta or Foraign	
	Director		2/7-/2-/824 1 Usuei Residence of Decedent	□M 2□XF 89	Yrs.	Months Days	Hours Min.	Dec. 3	0, 190	6 Mary	yland	
	yland		10e. State 10b. County	10c. Cit	y, Town or Loc	ation				10d. i	insida City Limits	
	Mar I	Director	Md. Freder	ich Bn	unswi	~b				1	1 □Wes 2 □ No	
	r 28	Je C	10e. Street end Number	30.0		10f. Zip Coda			10g. Citizen of V	What Country?		
	ter death with the Marylan items 23a or 28a-1 show iret rivant be nout at		118 First Ave	0.011.0		21710	<		US			
	Jeath Tre 2	Funeral	11. Meritel Stetus	12. Was Decedent Ever in U	S. 13. W	es Decedent of	Hispanic Origin? (5	Specify Yas or No		e - Amarican Ir	ndian.	
0	72 hours after death with the Maryland natural, or items 23a or 28a-f show	FU	1 Never Merried 2 Merried	Armed Forcas? 1 ☐ Yes 2 ☑ No	lf.	Yas, specify Cut	oan, Mexicen, Puar	to Rican, etc.)		ck, White, etc.		
05	urs a	b	3 N Widowed 4 □ Divorced	If Yes, Give 'Yaar or Datas:	1	☐ Yes 2人 No	Specify:		Specify	White		
21215-0020	n 72 hours "natural", ed cal Ex	te	15. Decedant's Ed		16a. Decede	nt's Usuai Occu	petion		16b. Kind of Bu	77.75.00		
218	- 1 32	Completed	(Specify only highest gra	College (1-4or 5+)	(Giva kind of work done during most of lifa. DO NOT use retired)		during most of wo ad)	rking				
21	T) /5 -	E O	Closinos (o 12)	/	Owne	n			Ston	e		
B	other other	Be	17. Fathar's Name (First, Middla, Last)				16. Mother's Ne	me (First, Middle	, Meiden Suman	19)		
Maryland	d 2 should be file th end Mentel Hy 7 is marked othe traumatic event,	To	Charles Thomas	an Milla			Louis	se Elizabeth Fouch r Rural Route Number, City or Town, State, Zip Code)				
an	2 sho and h is ma	-	19a. Informent's Neme/Reletionship (19b. Meiling	Address (Stree	t and Number or R	ural Route Numb	er, City or Town,	State, Zip Coo	ie)	
-	1 and 2 Health am 27 li		W. Carlos Myer.	1. Friend	116	Centro	al Ave.	- Brun	swick.	MD 2	1716	
ore	ges 1 and it of Health If Itam 27 or other to		20e. Method of Disposition	20b. F	Place of Dispos	Ition (Nema of etory or other pla	ace)	Dete	20c. Location -			
Ĕ	Pege ent ent: M ry or		1 Buriel 2 Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify	LIGHTOVEL HOLLI STETE		_	netery	0/2/06	Fradan	ich 1	m d	
Baltimore ,	permit. Peges 1 Department of I- Important: If its any injury or of		21. Signature of Funeral Service Licen		20	Nama and Addr	ess of Fecility					
ä	Depa Impo any i		Day our	A. Wille	الما	John	n T. Winswick,	lliams	Funera	1 Home	e	
	_		23e Pert1 Enter the disease or com	Villiams, Fu	n.Din	· Brui	nawick,	MU 217	7/6			
	Dhusisian		23e. Pert1. Enter the disaese, or com shock, or haert fellure. List only	ona causa on each line.	n. Do not onto	tha moda or dy	ing, soon os cordia	o or raspiratory a	iiidat,	tnte	proximata ervsl Between set and Death	
У	Physician / /Medical		tmmediete Ceuse (Finel	arterio.	0 -	+ 1	1.	10	-		5 14	
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		ē		Due to (d	or as a consequ	ence of):				į		
	betra	늍		b						i		
ć	exec n and ial-tra	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Undertying									
68760,	sicia bur	edical	Cause (Disease or injury that initiated events Due to (or es e consequence of):									
68	ertificate be executed ing physician and e as the burial-transit	<u>B</u>	resulting in death) Last									
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	that the death ed by the atter detached for u	Physician/	Pert il. Other significant conditions co	ontributing to death but not res	ulting In the unc	fertying cause of	ven in Pert I	23h Did	tobacco usa co	atribute to the	cause of death?	
P.O.	t the de by the tached	Ę.	The state of the s						23b. Dtd tobacco use contribute to the cau			
10	es the igned be de	ру Р							77.10	00,10000	y 4□Unknown	
Ď	requires that the leen signed by th hould be detache	B							an autopsy		utopsy findings	
S	20 00	olet						pend	ormed?		le prior to tion of cause h?	
æ	The lay ate has page 2	Completed						10	Vac 0 1741a		0.4	
Division of Vital Records,			25. Was cesa referred to medicei				Of Disease of De			1 □ Ya	s Mo	
5	Physician: r this certific tral director,	o Be	axaminar?	Hospital:	FB/0	3□ DOA Ot		ath (Check only				
ō	Phys r this seal di	1: 70	27. Manner of Deeth	1 ☐ Inpatiant 2 ☐	ER/Outpatient 26b. Tima of				dence 6 Oth			
o	ding th. After funa	tlor	Netural 5 ☐ Pending	(Month, Day Year)	Injury	28c. inju Wo	ork?]Yes 2∐No					
S	or Attending after death. Director: After In by the funa	flca	3 Suicide 6 Could not be	1	oma, ferm, stree			28f. Location (Street and Numb	er or Rural Ro	ute Number.	
2	after Dire	Certification:	4 Homicide	building, etc. (Specif	y)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	wn, Stete)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funaral		29a. Certifier 1 Certifying Phy	ysiclan: To the best of my kno	wledge, death of	occurred at the ti	me, dete and place	and due to the	cause(s) and me	nner as stated		
	P Ho 124 h	edical	(Check only 2 Medical Examone)	itner: On the basis of examine end menner steted.	tion end/or inve	stigetion, in my	opinion, deeth occu	irred et the time,	dete and plece,	and due to the	cause(s)	
	To the Hospita within 24 hours To the Funeral completely filled	×	29b. Signature and litie of certifier	011	1	29c. Licens	se number		29d. Date signer	d (Month, Day,	Year)	
			1VIL	Konferer	~ /	DI	29171		8/3	0/92		
			30. Name and eddress of person who	/ /	1 23a) (Type, P.	rint)	2///		100	110	-	
			Robert / Kais	forman mo	300 V		St. From	Perick	mo o	1701		
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State of Maryland / Department of Health and Mental Hygiene

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Physicia	an	Decedent's Name (First, Middle, Last) TRANSTERM									2. Date of Death Month Day Ye		3. Time of Death	
/Medic		JENNIFER 4a. Facility Name (If not institution)	on aire e	JO	hori	_	FA	JARD		AUGUS		1996	1045AM	
kamin									4b. City, Town, or	Location of Dea	in 4c. Coun	ty of Death		
erai		11215 OAK LE. 5. Social Security Number	A.F. L.		APT			der 1 Year	SILVER if Under 24 Hr	SPRING	TNOM	GOME		
erai ctor		215-92-1289		M 2⊠ F	26	Yrs	Month		Hours Mir		ay, Year) 3, 1970	Coun	lace (State or Foreign try) Land	
		Usual Residence of Decedent								ridy 1.	, 1570	rially	Taild	
	.	10a. Stete 10b. Count	У		10c. C	ity, Town or	Location					10d. Inside City Lim		
	Director	Maryland Mont	gomer	су	C	larkst	ourg						1 ☐ Yes 2€XNo	
	ire	10e. Street and Number						Zip Code			10g. Citizen of	What Cour	itry?	
		26409 Forest	t Vis	sta Dri	Orive 2087			1		Ameri	can			
	Funeral	11. Maritai Status	1:	2. Was Deced	dent Ever in	U,S. 1	3. Was De	cedent of h	dispanto Origin? (Specify Yes or N	o- 14. Ra	ce - Americ		
		1 Never Married 2 Ma Ma		1 ☐ Yes 2 No				21 No	Specify:	to Hioan, etc.)	Speci	ack, White,		
	d by	3 Widowed 4 Divorce	d	Year or Dates:							Зресі	y: White		
	lete	15. Decede (Specify only high	nt's Educi es <i>t grade</i>	ation completed)		16a. De (G	cedent's U	work done	pation during most of wo d)	orking	16b. Kind of E			
	Completed	Elementary/Secondary (0-12)		College (1-401 5+)			Police Techn		hnician				County	
		17. Fether's Name (First, Middle	(ant)	2				10011			Govern			
	Be								18. Mother's Name (First, Middle					
	ို	Jeffrey M. 19a. Informant's Name/Relation	rdo						Carolyn Riddel Number or Rural Route Number, City of					
-		Jeffrey M. Fa	-how					Orive, Clarksbur						
	ŀ	20a. Method of Disposition	Jaruc	- rat										
		1 Bunal 2 Cremation	tate C	Place of Dis	rematory o	r other pla	ce)	Date 0 / 2.1 / 0.0	20c. Location					
	-	4 Donation 5 Other (Ga	ite of				8/31/96	Silver	Spri	ng, Maryla	
SUC.		21. Signature of Funeral Service	Licansee	1, .					ss of Facility	D A	F	1 II		
once.		your L	.///	Mes	ms		26401	Ride	oleswort	Damageu	runera Mary	1 nom	e 20872	
		23e. Part1. The the disease, o shock, which art failure. Lis	r complicationly one	ations that car cause on ea	used the dea ch line.	th. Do not e	enter the m	ode of dyir	ig, such as cardia	c or respiratory a	irrest,	zand-	Approximate Interval Between	
an				_									Onset and Deeth	
ai er		Immediate Ceuse (Finel disease or condition	а	Ro	Home									
		resulting In death)	u.		Due to (or es a cons	sequence o	f):						
٦	ine		h.											
1	Sequentially list conditions, if any, leading to Immediate cause. Enter Indextring.													
		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury										1		
	edicai	that initiated events resulting in death) Last		Due to (or as a consequence of):										
	Σ		d.											
	lan		u.											
	Physician/	Part II. Other significant conditi	ons contr	ibuting to dea	th but not res	sulting in the	underlying	cause giv	en in Part I.	23b. Dld	tobacco use co	ontributa to	the cause of death?	
										1 🗆	Yes 2□ No	3 Prob	ably 4 Unknown	
:	S C													
	Completed									24a. Wes	an autopsy omed?	ave	re autopsy findings	
Ι.	du											of c	npletion of cause leeth?	
	0									100	Yes 2□No	1,0	Yes 2□ No	
	_	25. Was case referred to medica examiner?	-						26. Place of De	eth (Check only	one)			
	<u> </u>	1 XYes 2 □ No	Ho	spital:	patient 2	ER/Outpat	ient 3 🗆 [OOA Oth	er: 4 🗆 Nursing I	lome 5⊠ Resi	dence 8 🗆 Ott	ner (Specify)	
		27. Manner of Death 1 Dendir 5 □ Pendir	20	28a. Date of (Month,	Injury Day Year)	28b. Time Injury		28c. Injun Wor	y et k?	28d. Describe	how injury occur	rred		
1	Certification:	2 ☐ Accident investi	igation				М		Yes 2□No					
	Ě	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	not be nined	28e. Placa o	f Injury - At h	ome, farm, :	street, facto	ory, offica		28f. Location (City or Tor	Street and Numi	ber or Rural	Route Number,	
	_				1-1									
	edical	29a. Certifier (Check only 2 N Medical	ng Physic	len: To the be	est of my kno	wiedge, dea	ath occurre	d at the tin	ne, date and place pinion, death occu	, and due to the	cause(s) and m	anner as st	ated.	
		,		end manne	r stated.	anor and/or				med at the time,	uate and place,	and due to	the cause(s)	
	Σ	29b. Signature and title of certifie	n e				2	9c. Licenso	e number		29d. Date signe	ed (Month, L	Day, Year)	
		Thorn	2-1	UK	-/	Λ.		o.c.	M.F.		AUGUST	28	1996	
		30 Name and address of person	merc com	11/6	of do do (tra	- 0207	Delea)				1100001	-601	1990	

State Registrar

AUG 3 0 1996

111 Penn Street, Baltimore, Maryland 21201
32 Registrar's Signature

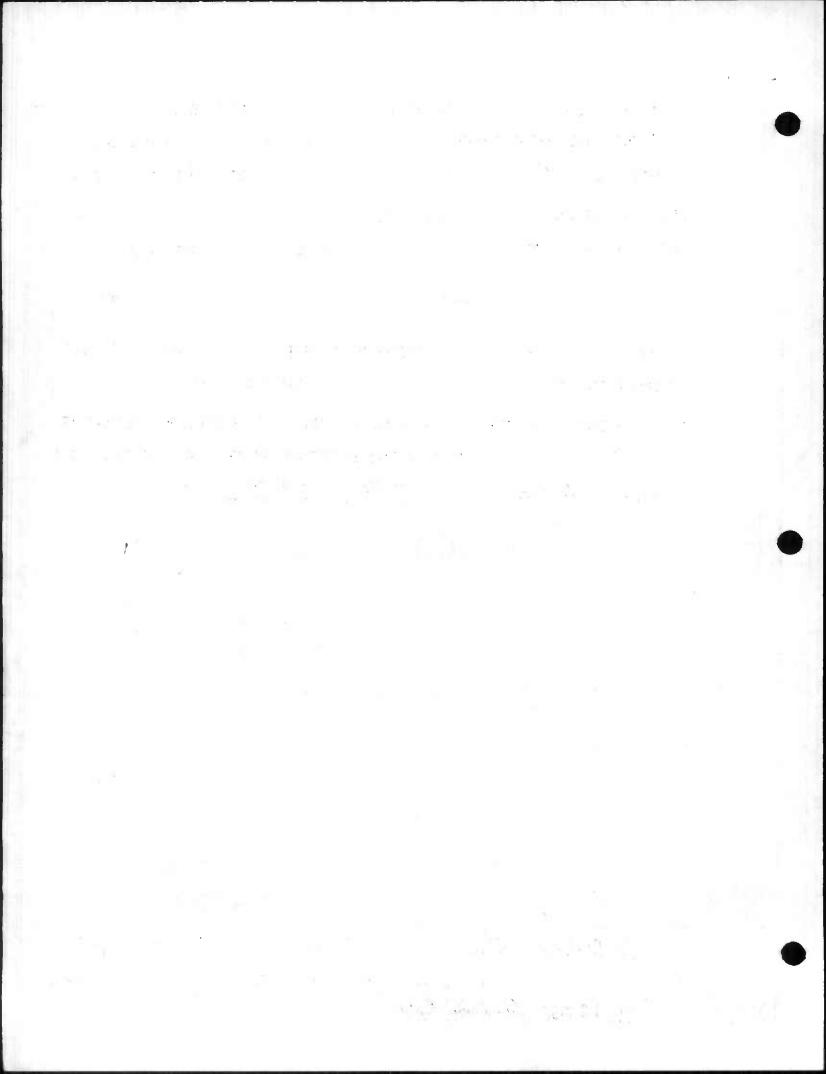
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State of Maryland / Department of Health and Mental Hygiene 96

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	à				Ce	rtificate of	Death		Reg. No.	, 0	21004
-	Discontinu		1. Decedent's Name (First, Middle, La	st)				2. Date of De		Year	3. Time of Death
	Physici /Medi		THOMAS EDWIN		ERINGTON	V		SEPTEN	TEMBER 8,1996		12:25 PM
	Examir		4a. Facility Name (If not institution, giv				4b. City, Town, or				
			RANDOLPH HILLS	NURSING HOME			WHEATON		MONT	GOMER	Υ
	Funeral Director		5. Social Security Number 6. S 093-20-5765 Usual Residence of Decedent	Sex 7. Age (In	yrs. lest birthday) 69 Yrs.	If Under 1 Year Months Days		(Month, De	th by, Yeer) 19,1926	9. Birthple Counti NEW	ace (Stete or Foreign ry) YORK
land	ahow dat		10a. Siaie 10b. County	100	c. City, Town or Lo	ocation				10	d. Inside City Limits
the Mary	th with the M 23s or 28s-f	ector	VIRGINIA FAIRFAX		ALEXANI						1 SYes 2 □ No
ath with		Funeral Director	7736 FRANCES DRIVE				22306		UNITED	STATE	Ś
Z1Z15-00Z0 d within 72 hours after de		by	11. Maritai Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	12. Was Decedeni Ever Armed Forces? 1 1 Yes 2 □ No If Yes, Give Year or Dates:		If Yes, specify Cuban, Me		ispanic Origin? (Specify Yes or No- n, Mexican, Puerto Rican, etc.) Specify:		e - America ck, While, e	tc.
2 2 2	iene. Than "netur	Completed	15. Decedent's Ed (Specify only highest gra	ducation	16a. Dece	16a. Decedent's Usual Occupation (Give kind of work done during mo		rkina	16b. Kind of 8	usiness/Indu	ustry
igi u		npi	Elementery/Secondary (0-12)	Coilege (1-4or 5+)	life.	DO NOT use retire	ed)	nany	OHEMTO		MDANY
0	A Partit	Cor	12	8	RESI	EARCH CH	HEMIST			CAL COMPANY	
d 2 should be filed	ed other:	Be	17. Father's Name (First, Middle, Last) GORDON FERINGTON				18. Moiher's Nar			10)	
oulo.	marked matic e	2									
125	5 2 3		19e. informant's Name/Reletionship (t end Number or Ru							
	Pages 1 an nent of Heel int: If item 2 iry or other		ESTHER FERINGTON, 20a. Method of Disposition	DAUGHTER	7736 Ob. Piace of Dispo		DRIVE, A				
Pages			1 Burial 2 ACremation 3 4 Donation 5 Other (Specific	Removal from State	cemetery, cres	TAN CREM		Date / 9/96	ALEXAND		
permit.	Import any In		21. Signature of Funeral Service Licer	Barber	MI		ess of Facility BARBER F 5038, LAY			20882	
			23e. Part1. Enter the disease, or com- shock, or heart failure. Lisi only	plications that caused the	death. Do not ent	er the mode of dyi	ing, such as cardia	or respiratory a	rrest,		Approximate interval Between
Ph	ysician			4							Onset and Death
	Medical		Immediate Cause (Final disease or condition	Past	erian	's l	ereace	2			0 01
EX	aminer		resulting in death)		to (or es a consec		- Con	۵			
ъ	- 4	ner								1	
ertificate be executed	physician and s the bunel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due							
ficete be ex	ysicia ne bu	cal									
0	attending physic d for use es the b	n/Medical									
death c		Physician	Part II. Other significant conditions co	Tobacco use co	ntribute to t	the cause of death?					
at the	by th	hys					voir ar v arc i.				ably 4 Unknown
t s	gned be de	by F									,
ne law requires	should	Completed						24e. Was perfo	an auiopsy med?	avaii	e autopsy findings lable prior to eptetion of cause eeth?
The la	2 8	E						10	es 2 No	10	Yes 2□ No
	certificate rector, pag	BeC	25. Wes case referred to medical				26. Place of Dea				100 20110
Physician:		0	examiner?	Hospitei: 1 ☐ Inpatient	2 ER/Outpatien	nt 3 DOA Oth		lome 5 ☐ Resid		or (Conside)	
	After thi funeral	tion: T	27. Menner of Death 1 ☑ Netural 5 ☑ Pending	28a. Date of tnjury (Month, Dey Yea	28b. Time of	28c. inju			now Injury occur		
	Director: A	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Pieca of tnjury - i building, etc. (Sp			7100 20110	28f. Location (S City or Tox	Street and Numb vn, State)	er or Rural i	Route Number,
spita	within 24 hours after deatl To the Funeral Director: completely filled in by the	edical Ce	29e. Certifier 1 Check only one)	veician: To the best of my liner: On the basis of exam	knowledge, death	occurred at the time time occurred at the time occu	me, daie and piace	, and due to the rred at the time,	cause(s) end ma date and place,	nner as ste	ted. the cause(s)
		200	T-1-7	and manner stated.							
the state	the F	N P	29b. Signature and title	/ //		20c Lineau	se number		20d Data signa-	of Mannets D.	av Voerl
To the	To the F		29b. Signature and titles Certifier	rerbaci	,		9834		SEPTEMBE		
To the	To the F	Σ.	30. Neme and address of person who of T 20 FARRAG	A .	(item 23a) (Type,	Do	9834		SEPTEMBE	R 9,	1996

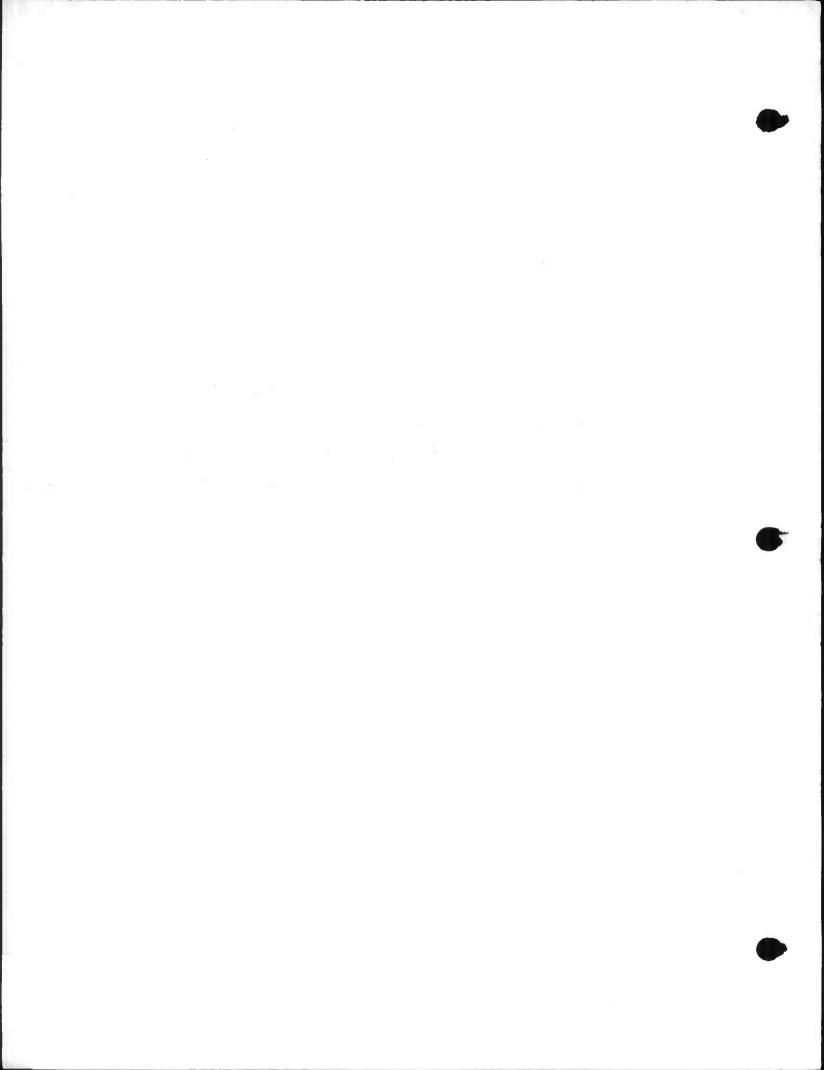


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Extrition has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for befield within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	0711 2 01		2. DATE OF OEATH		3. TIME OF OEATH					
	MADGE LOUIS	SE GONZALEZ			1	AUGUST 28							
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, Bir	RTHPLACE (State or Foreign					
	214-16-1300	1 M 2 X F	75 YAS.			DEC. 25, 1	L920	MARYLAND					
Œ	90. FACILITY NAME (If not institution, give st			9b. CITY, TOWN C	BOONSBORG		9c. COUNTY O						
DIRECTOR	201 YOUNG AVENU)	WAS	SHINGTON									
R	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
	MARYLAND 100. STREET AND NUMBER	WASHINGTON			BOONSBO	ORO	1 🔀 YES 2 🗌 NO						
FUNERAL		1		100	ZIP CODE	1.2	10g. CITIZEN O	EN OF WHAT COUNTRY?					
3	201 YOUNG AVENUE	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	2171 ENDENT OF HISPANIC	L3 CORIGIN? (Specify Yes	or No 14 B	U.S.A. ACE — American Indian,					
	1 Never Married 2 Married	FORCES? 1 YES		If yes, spi	ecify Cuban, Maxican, 2 💢 NO Specify:		B	llack, White, atc.					
р ву	3 Widowed 4 Divorced		18a. DECEDENT'S U					WHITE					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	Υ											
3	Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	HOMEMA	KER	OV.	N HOME						
Ö	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden							
BE	NIMROD JONES				ANNA	HAUSE							
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	JOSEPH M. GONZALEZ 201 YOUNG AVENUE, BOONSBORO, MARYLAND 21713 206. METHOD OF DISPOSITION 200. METHOD OF DISPOS												
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) BOONSBORO CEMETERY 8/31/96 20c. LOCATION — City or Town, State												
	21. SIGNATURE OF TUNERAL BERVICE LIGHTNEE 22. NAME AND ADDRESS OF FACILITY												
	· Wilmi	Paul	M. Dean	BAST I	FUNERAL H	()IM H.							
	23. PART I. Enter the diseeses, or c	sboro, I	MD 21713 Approximate										
	IMMEDIATE CAUSE (Finel	Liet only one cause on e		, ,				Interval Between Onset and Death					
	disease or condition reaulting in death)	Coror	in anto	in dis	ease, a	upina pe	toris						
1		OUE TO (OR AS A	CONSEQUENCE OF										
ON I	Sequentielly liet conditions, if any, leading to immediate												
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c.											
E	thet initiated evente reaulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	reading in deetily EAST	ś											
AL	PART II. Other significent conditions	s contributing to deeth b	ut not resulting in	the underlying	cause given in Pr	art I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
Sign		obeter mell	ites, Type	4		1 YES 2	/	COMPLETION OF CAUSE OF DEATH?					
ME				_/				1 TES 2 NO					
AN	DID TOBACCO USE CONTR		F DEATH YES 28. PLACE OF DEATH		UNCERTAIN								
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	8 5 Realdence 8	Other (Carella)							
μ̈́	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED						
BY F	1 Netural 5 Pending. 2 Accident Investigation	(Month, Day, Tear)			RK? 'ES 2 NO								
	3 Suicide 8 Could not be 4 Homicide dstermined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, att	raet, factory, office	2	281. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,					
COMPLETED	(Check only	CIAN: To the best of my knowl R: On the basis of examination											
	200. SIGNATURE AND TITLE OF CERTIFIER		· and/or introdugation	, in my opinion, u									
BE C	RZXX	mo			29c. LICENSE NUMB	79	DATE SIGN	ED (Mollin, Day, Year) 29/9-1					
٩	30. NAME AND ADDRESS OF PERSON WHO					(- /	.,,,-					
	31. DATÉ FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE 0	the Md	217	7 -							
		96 Juli Saure	bor Reveall										
		AA November					20.00						



Amed # 5 Wash. Co. &B September 5, 1994 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27606

4e. Facility Neme (If not institution, give street end number) 226 Alexander Street Hagerstown	Dey Yeer 30 1996 4c. County of Dee Washi	oth						
Medical Examiner Richard William GISH August	30 1996 4c. County of Dee Washi	ngton						
Examiner 4e. Facility Neme (If not institution, give street end number) 226 Alexander Street Hagerstown	Washi	ngton						
		thplaca (State or Foreign						
5 Coolel Cocurity Number 6 Cov 7 Ace (in use leat high-lead) If I DOOR 1 Year 1 If I DOOR 24 Hrs. 10 Dear of Dish	9. Bir 926 Ma	rthplaca (State or Foreign						
Director 15 M 2 F 69 Yrs. Months Deys Hours Min. Nov. 1, 1		ryľand						
Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location		10d. Inside City Limits						
Maryland Washington Hagerstown	X⊠ Yes 2 □ No							
Maryland Washington Hagerstown 10e. Street and Number 10g. Zip Code 10g	10g. Citizen of Whet Country?							
226 Alexander Street 21740	U.S.A.							
The state of the s	14. Rece - Ame Bleck, Whi Specify: W							
1 Yes 2 No Specify: 1 Yes 2 No S	b. Kind of Business	s/Industry						
life DO NOT use retired)								
N 8 0 0 machinist	truck co							
College (1-4or 5+) Pure To the first of the								
≥ 🚅 📜 Mr. Richard E. Gish Son 10816 Oak Forest Drive, Hagerst								
Mr. Richard E. Gish Son 10816 Oak Forest Drive, Hagerst 200. Method of Disposition 200. Pleas of Disposition (Name of cemetery, cremetory or other piece) Dete Commercial Section Commercial Se	Dete 20c. Location - City or T							
206. Method of Disposition 1 Burial 2 © Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) Hagerstown Crematory 8-31-96	Hagerstow	m, Maryland						
4 Donetion 5 Other (Specify) Hagerstown Crematory 8-31-96 F 22. Neme and Address of Facility Minnich Fur 415 East Wilson Blvd., Hager								
23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line.		Approximete						
Physician		Interval Between Onset end Deeth						
/Medical Immediate Cause (Final disease or condition Conflishing Kearl for/me		Uhthan.						
resulting In deeth) Due to (or es e consequence of):		Intron.						
Sequentially list conditions, if any, leading to invertigate cause of the sequential to mark the sequential the sequential to mark the sequential t		U P						
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Course (Disease or Injury that initiated events resulting in deeth) Lest		unknow"						
to be to cause. Enter Underlying Cause (Disease or Injury that inlitted events resulting in death) Lest								
M San San San San San San San San San San								
De de la la la la la la la la la la la la la								
Per II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.		e to the cause of death? Probably 4 Yunknows						
0 8 P8 0	autoneu 24h	Were autopsy findings						
The leave again to the leave aga		evailable prior to completion of cause						
24e. Wes en a performe		of deeth?						
1 Yes	2 No	1 Yes 2 No						
25. Wes case referred to medical examiner? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 27. Menner of Death 28c Date of Injury 28b Time of 28c Date of Death 28c Date of Date of Death 28c Date of Date of Death 28c Date of Death 28c Date of Death 28c Date of Death 28c Date of Death 28c Date of Death 28c Date of Death 28c Date of Date of Date of	e 6 □Other (Sne	acifu)						
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S = 0 + U = Cuide of be	28f. Location (Street and Number or Rural Route Num City or Town, State)							
29e. Certifler (Check only 20e. Certifler (Check only 20								
end menner steted.	se(s) end menner a end plece, and du	s steted. e to the cause(s)						
	. Dete signed (Mon							
D 47288	gugnst 3	1, 1396						
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) SHAHEEN IDBAL 12821 Oak Kill Avenue Hayus	strun MI	0. 21740						
State Registrar SEP 0 3 1996 32 registrar's Signeture								

State of Maryland / Department of Health and Mental Hygiene Q 5

96 27607

					•	Cei	rtificate d	of Death		Reg. No.	0	21001	
г	Discola		1. Decedent's Nama (First, Middle, La	st)					2. Data of De	Data of Death Month Day Yea		3. Tima of Death	
	Physic /Medi								Aug 30		1 941	3:05 P.M	
	Exami		4a. Facility Nama (If not institution, giv	a street and number)				4b. City, Town, or	Location of Deat	4c. County	of Death		
			1010 Jubilee Wa	У				Waldorf		Charle	es		
	Funeral		Social Sacurity Number 6. S		a (in yrs. la	ist birthdey)	If Under 1 Y			th v. Year)	9. Birthr	place (State or Foreign	
ш	Director			X 2DF	66	Yrs.			Feb 28	, 1930	Washi	ington DC	
П	pur		Usual Residence of Decedent 10e. State 10b. County		10c Cltv	Town or Lo	cation					Od Incide Chail India	
	sho	5	Maryland Chalres			ldorf	Cation					10d. Insida City Limits 1 ☐ Yes ②ONO	
	he N	Director	10e. Street and Number				101 71 0						
	E o E						10f. Zip Cod			10g. Citizen of What Country?			
	a 23	era era	1010 Jubilee Way	10 Was Dagadant	Evenie II S	10.1		502	Casalfa Van an Na	United			
_	72 hours efter death with the Maryland netural; or items 23s or 28s-f show slice! Examiner must be notified at	Funeral	11. Marital Status 1 Nevar Married Married	12. Was Decedant Evar in U.S. Armed Forces? 12. Was 2 □ No 1948			If Yas, specify (of Hispanic Origin? (Cuben, Mexican, Pue	rto Rican, atc.)	Biac	k, White,	can Indian, etc.	
20	rs of	by F	3 Widowed 4 Divorced	If Yes, Give	1 ∐ Yas X2			No Specify:		Specify		140	
9	2 hou	P	15. Decedant's Ed		100	16a. Dece	dent's Usuai Od	ecupation		16b. Kind of Bu	Wh]		
21215-0020	S - 3	Completed	(Specify only highest gra	de completed)		(Give	(Give kind of work done during most of work life. DO NOT use retired)						
21	filed within Hygiene. Ither than "I	E O	Elementary/Secondary (0-12)	College (1-4or 5	2+)	Fire	fighter			Arlino	aton	County Va	
Maryland	al Hygie other	Bec	17. Father's Name (First, Middla, Last)					18. Mother's Na	Maiden Sumam				
	should be nd Mental marked o	To	Kendall Graha	m			Irma Pumphrey						
an	S D E E	_	19a. Informant'a Name/Relationship (Type, Print)		19b. Mailir	ng Address (St	reet end Number or F	Rurai Routa Numb	rai Routa Number, City or Town, State, Zip Code)			
	1 and 2 Heelth a em 27 is		Norma J. Graham			1010	Jubi lee	Way, Wal	dorf. Ma	ryland :	20602	>	
altimore,			20a. Method of Disposition		20b. Pla	aca of Dispo	sition (Name o	place) Sept	4. Pr 996	20c. Location -	ocation - City or Town, State		
	permit. Pages Department of Important: If Its any injury or o		1 □XBurial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specif		Mar	yland	Vetera	ans Cemete	ry	Chelter	nham.	Maryland	
alti	permit. Pag Department Important: I any Injury o	4 Donation 5 Other (Specify) Maryland Veterans Cemetery 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Lee Fune											
m	Depa impo any i		MISLAURE			Al	exandri	la Ferry R	oad, Cli	nton, Ma	aryla	and 20735	
	_		23a. Part1. Entar tha disease, or com shock, or heart failure. List only	plications that caused	the death.	Do not ant	er the mode of	dylng, such as cardi	ac or raspiratory a	rrast,	1	Approximata	
×	Physician		snock, or neart failure. List only					Λ	1		1	Interval Between Onset and Death	
Į.	/Medical		Immediate Cause (Final disease or condition	Ca	rolu	puln	nopen	1 ALL	1/1XI				
н	Examiner		rasulting in death)	а.	Due to (or	as a consider	tuence of:	7100	Je.		-	1/	
_	n =	ner		6	MOLA	Y,	MUMA	2				1/2 year	
	cute	Examiner	Sequentially list conditions,	b	Due to (or	as a consec	negos en					1	
Ó,	e exe ian a uriei-		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	- 24		VI	Malor				1	4.10ALL	
68760,	rificate be executed ng physician and s as the buriel-transit	Medicai	that initiated events resulting in death) Last	c.	Dua to (or	as a conseq	uence of):				1	1 gener	
	5 0 5											V	
Box	eath ce ettendi for use	lan/	_	0.									
	9 0 0	Physician/	Part II. Other significant conditions of	ontributing to death b	ut not rasul	ting in the u	ng in the underlying cause given in Part i.			tobacco use cor	ntributa t	o the cause of death?	
P.0	d by	Ph)							10	Yes 2□ No	3 Pro	bably 4 Unknown	
	requires that the been signed by th should be detach	þ							-				
Records,	pluor pould	ted								an autopsy ormed?	SV	ara autopsy findings	
ec	aw 2 s b	Completed										ompletion of cause death?	
=	Pa as	Con							10	Yes 2 No	10	☐ Yes 2☐ No	
/ita	Attanding Physicien: The is releath. octor: After this certificate he by the funeral director, page	Be	25. Was case raferred to medical examiner?						eath (Check only	one)			
5	Physic this co	၉	1 ☐ Yes 2 ☐ No			R/Outpatier			Home 5 Rasi	dance 6 □Oth	ar (Specif	<i>(y)</i>	
Division of Vital	ng P	5	27. Mannar of Death 1 □ Natural 5 □ Pending	28a. Date of Inju (Month, Da)	ry y Year)	28b. Tima of Injury		Injury at Work?	28d. Describe	how injury occurr	red		
Sio	death.	cati	2 Accident Investigation 3 Sulcide 6 Could not be				М	1 ☐ Yes 2 ☐ No					
≥	or Attending lefter death. Director: After in by the fune	Certification:	4 Homicide determined	28e. Place of Injury	ury - At hon c. <i>(Specify)</i>	ne, farm, str	eet, factory, off	ice		Street and Numb wn, Stata)	er or Rure	ai Route Number,	
	To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After th compietely filled in by the funeral			1									
	To the Hospital within 24 hours of To the Funeral completely filled	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of niner: On the basis of	examination	ledge, death on and/or in	n occurred at the vestigation, in n	e time, date and plac ny opinion, daath occ	a, and due to tha curred at tha tima,	date and placa,	nner as s and due to	tated. o the cause(s)	
	To the within 2 To the comple	Mec		and manner sta	ated.		200 Lie	ensa number		20d Data simon	d /Month	Day Yearl	
	5 1 × 1		29b. Signature and title of contribution	31	/.	. 1	250. ER		-001	29d. Date signer	101	pay, roar,	
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			30. Name and address of person who		,			D 201	17 4 4 4 -	Man - 7	2 200	725	
			Glenn R. Edgecon	The state of the s				, B-201, C	linton,	marylan	1 ZU	/33	
	Sta Registr		31. Data filed (Month, Day, Year) SEP 0 4 19	396 July	dave	Leon-Ran	dall						

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 22 August 96 1:25 PM Michael James Griffin /Medical 4a. Facility Nama (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Death Examiner Coastal Marshes Near Elliott, MD Dorchester 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country) **Funeral** Days Hours 1X M 2 □ F 39 Yrs. 5-9-57 175-44-9715 Director Phillipsburg, NJ Usual Residence of Dacedani death with the Maryland 10a State 10h Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flams 23a or 28a-f show traumatic event, the Medical Examiner mast be notified at ¶ Yas 2 No Director Bucks PA Sellersville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2611 Old Bethlehem Rd. 18960 IISA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1∑IYas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Black, Whita, atc. 11. Marital Status permit. Pagas 1 and 2 should be filed within 72 hours aftar o Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural; or fear any injury or other traumatic event, the Medical Exercises once. 1⊠ Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 Instructor Pilot United States Air Force 17. Fathar'a Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John Joseph Griffin Florence Sherman 19e. Informent'a Neme/Relationship (Type, Pnint) 19b. Meiling Addrasa (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Florence S. Griffin Hartsman-Corner Rd. #1 Washington, NJ 07882 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Diaposition 20c. Location - City or Town, Stata 1 Bunial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) St. Josephs Cemetery 8-31-96 Washington, NJ 22. Nama and Addrass of Facility 21. Signature of Euneral Sewi Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata intarval Between Onsat end Death **Physician** /Medical Immadleta Causa (Final diseasa or condition resulting in death) Blunt Force Trauma None Examiner Dua to (or as a consequence of) physician and the burial-transit Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): attanding p signed by the at id be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco ues contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopay findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen cartificata has ¥ Yas 2□No 1X Yas 2 No Division of Vital Attending Physician: 25. Waa casa rafarred to medical director Be 28. Placa of Daath (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specifymarshes 2 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funaral 27. Mannar of Death 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of Certification: Aftar Hospital or Attending
 Ale hours after death.
 Elmeral Director: After 1 Natural 5 Panding 1⊠ Yas 2□No USAF Aircraft Mishap invastigation 8-22-96 1:25P M 2 Accidant 3 Sulcida 8 Could not be 281. Location (Street and Number or Rural Routa Number, City or Jown, State) Near Elliott, Maryland 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)
Maryland Coastal Marshes filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral Complataly filled 10 Certifying Phyeician: To tha best of my knowledge, daath occurred at tha tima, data and place, and due to the causa(s) and mennar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mennar stated. 29a. Cartifies Medical (Check only one) 29b. Signature and title of certified 29c. License number 29d. Data signed (Month, Day, Year) (FLORIDA 0058935 8-29-96 30. Name and addrasa of person who complated gause of death (Item 23a) (Type, Print) Kathleen B. Elmer, MD (Maj) Malcolm Grow Medical Center, Andrews AFB, MD 31. Data filed (Month, Day, Year) SEP 0 4 1996

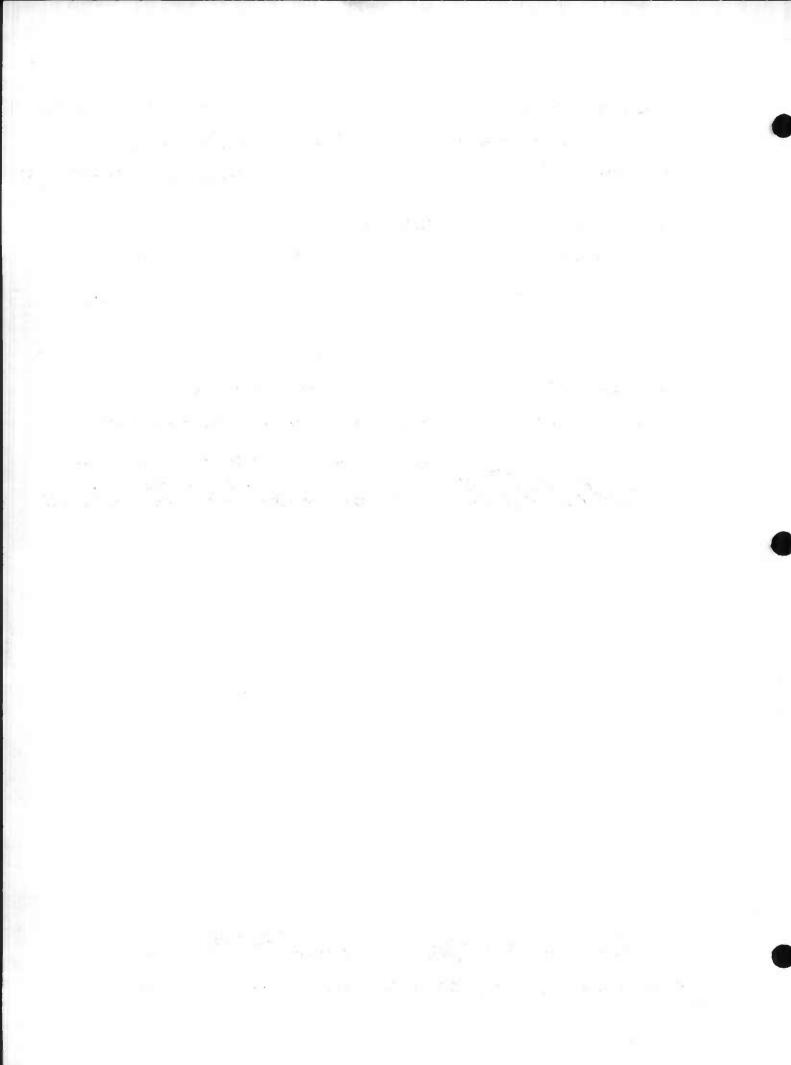
32. Registrar'a Signatura

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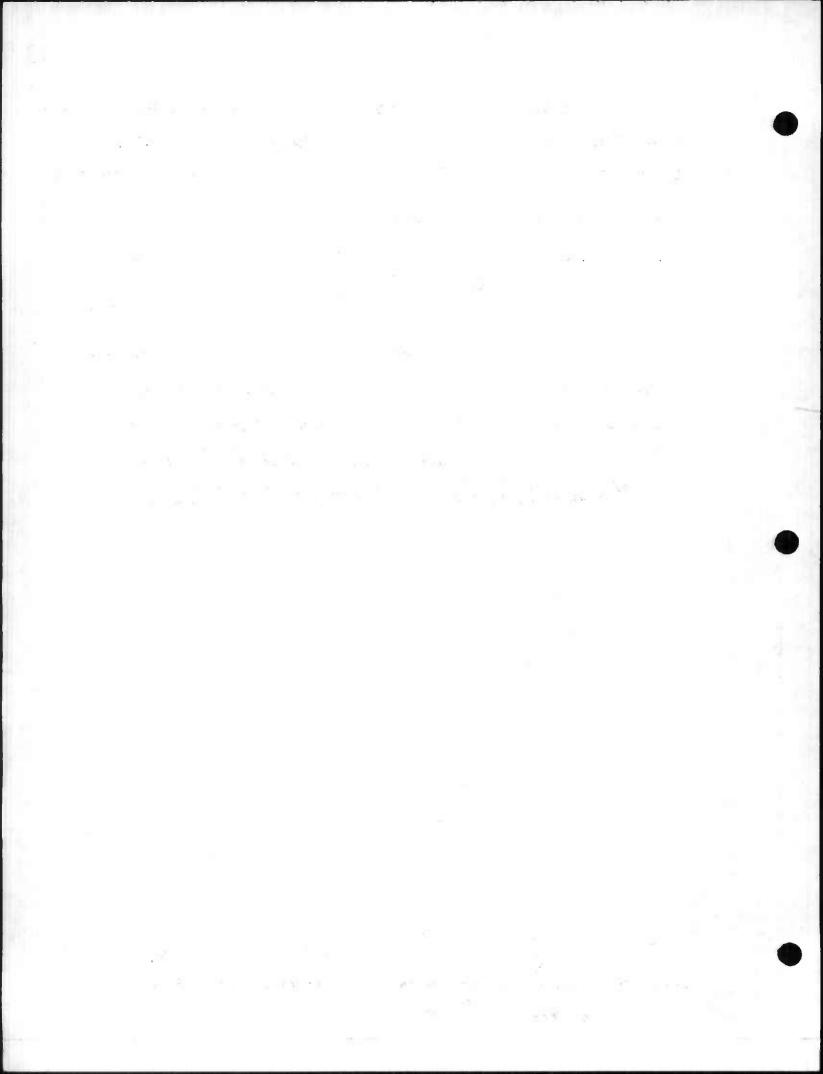
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State of Maryland / Department of Health and Mental Hygiene

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/Medicai xaminer	49. Fac	ility Name (n, give street an			Jill		4b.	City, Town, or			4c. County		7 - 45 Pill
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neral		al Security N		6. Sex	7. Age (In yrs. lest bil	thday)	If Under 1 Y	Year	f Under 24 Hrs		te of Birth			piace (State or Foreign
tor	231	5-30-2	232	1□M 20X			Yrs.	Months D	lays	Hours Min	. T111	te of Birth bonth, Day, ne 3,	1923	Cou	t Virginia
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	23e. P	ert 1. Enter ti	he disease, or	complications to	hat caused the	e death. Do	not enter					Keys ratory arre		267	Approximate Interval Between
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atio		Neturei Accident	5 Pendin investig			· II	njury			2 No					
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edicai	(C)	eck only	2 Medical	Examiner: On th	ne basis of exemenner stated	emination and	d/or inve	stigetion, in r	my opini	on, deeth occu	urred at th	e time, da	te and pleca,	and due to	the cause(s)
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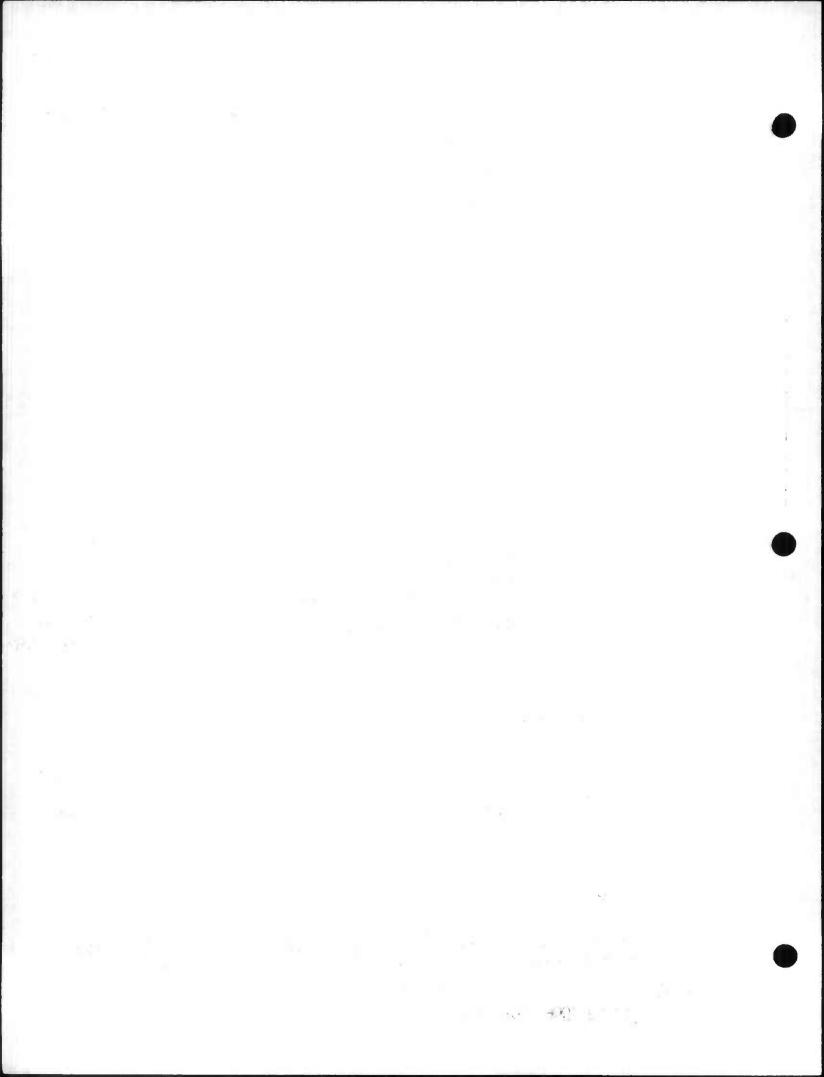
State of Maryland / Department of Health and Mental Hygiene 96

							rtificate of	Death		R	eg. No.		
	DI!-)		1. Decedent's Name (First, Mic	ddle, Last) AKA G	YNETTE	HAMI	LTON			2. Date of Dea Month		V.	3. Time of Death
	Physici /Medic		Guinette				Hamilton				Day 29 199	Year 26	9:47 PM
	Examir		4a. Facility Name (If not Institut	tion, give street and numb	er)			4b. City, To		cation of Death	4c. County		2.4/_111
			Physicians Memori	al Hospital			I	aPlata			Charle	es	
	Funeral		5. Social Security Number		Age (In yrs. las	st birthday)	If Under 1 Yaar Months Days	if Undar Hours	24 Hrs. Min.	8. Data of Birth (Month, Day	Veer	9. Birthple	aca (Stata or Foreign
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	Ba-f	cto		ARLES			WAL	DORF					1 ☐ Yes 2 No
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Maryland	d 2 should but and Menta 7 Is marked traumatic ex	Ĕ	19a. Informant's Neme/Relation			10b Malil	ng Address (Street				City or Town	State Time	Codel
E	d 2 s		O. ROGER HAMIL				FLORAL PA						
ē,	os 1 end 2 of Health a item 27 le		20a. Method of Disposition		20b. Plac		osition (Neme of metory or other ple		,,,		20c. Location		
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Baltimore,	permit. Pages Department of i Important: If its eny Injury or o		MGB of Furtheral Service			22	2. Name and Addre	ass of Facilit	tv			LDUKI	, FIARTLAND
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)	Physician / /Medical		tmmedlete Ceuse (Final	0	10		2 2						Onset and Death
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	certificata be executed ding physician end isa as the burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying		Tue to (or a	s a consec	quence of)					i	
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O.	that tha daath ed by tha atta detached for	Physician	Part II. Other significant condit	tions contributing to death	n but not resulti	ng in the u	nderlying cause giv	ven in Part I	l.				the cause of death?
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of Vital Records,	requires that tha heen signed by the hould be detache									24a. Was a	n autopsy	24b. Wei	re autopsy findings
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₹		m	25. Was case referred to medic examiner?	Hospital:			Oth	205		(Check only on			
		: To	1 ☐ Yes 2 ☐ No 27. Manner of Death	1 ☐ Inpa		VOutpatier 8b. Time of	II 3L DON	4 LINU		ne 5 🗆 Reside 28d. Describe he			,
Division	Attending Phore of death.	녆	1 Neturel 5 Pend		Dey Year)	Injury	Wo	rk? IYes 2□			,,	,,,,	
S	death. ctor: A y tha fu	fica	3 ☐ Suicide 6 ☐ Could	d not be	Injury - At hom-	e. farm. str	eet, factory, office			28f, Location (Si	reet and Numb	er or Rural	Route Number.
ă	after Dire	Certification:	4 Homicide	building,	etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town			
	spita nours nerei		29a. Certifier 1 Certify	ring Physician: To the be	st of my knowle	edge, deeth	n occurred et the tir	me, date an	d place, a	and due to the ca	ause(s) and ma	nner as sta	ited.
	To the Hospital or Attend within 24 hours after death To the Funerel Director: completely filled in by the	edical	(Check only 2 Medica	al Examiner: On the basis and manner	s of examinetion	n and/or in	vestigation, in my o	pinion, dea	th occurre	ed at the time, d	ate and placa,	and due to	the cause(s)
	To the Comp	Ž	29b. Signatura and titla of cartif		Λ(Λ)	12.	29c. Licens	se number		Ad	16UST Igne	d (Month, D	ley, Year)
			+ ANVa	th (HHEro	ling Ph	your	D-1258	37		5	3-30	1-46	
			30. Name and address of perso	on who completed cause of	of death (Item 2	3a) (Tyne	9					(
			Rath, Girija, MI) Cen	na Medica	al Cen	ter, 7-C Po	st Off	ice Ro	oad, Waldo	orf, Mary	rland 2	0602
	Sta Registri	-	SEP 0	6 1996 32. Hand	istrar's Signatur	or Ran	lath						

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month HOWARD LORING HUFF 1996 ugust 30 /Medical 4b. City, Town, or Localier of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** UNION HOSPITAL OF CECIL COUNTY ELKTON CECIL 8. Date of Birth (Month, Dey, Year) June 13,1915 7. Aga (in yrs. last birthdey) If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Days Hours 15√M 2□ F 214-07-4757 81 Yrs Director MARYLAND Usual Rasidance of Decedent 72 hours after deeth with the Maryland 10a. State 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Manylar Department of Health end Mentai Hyglene. Important: if item 27 is merked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examines than 10 montains once. 10d. fnside City Limits 1 ☐ Yes 2 No Directo MD HARFORD **JOPPATOWN** 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 720 JOPPA FARM ROAD 21085-4448 U.S.A. Funeral 12. Was Decadent Evar in U,S. Armed Forces? 1 ☐ Yes ②ONo If Yas, Giva Yaar or Dates: Was Decadant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 □ Never Married 2 □ Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE þ 3 NWidowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) GRINDER OPERATOR STEEL 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) JASPER LORING HUFF EMMA BLANCHE BUCY 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GERALD M. HUFF 16502 HUFF ROAD - MT. SAVAGE, MD Baltimore, 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burlai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) HILLCREST BURIAL PARK 9/1/96 CUMBERLAND, MARYLAND 21. Signature of Funeral Service Licenses 22. Name and Address of Facility GEORGE-UPCHURCH FUNERAL HOME, P.A. pchurcl 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardlac or respiratory arreshock, or heart failure. List only one cause on each line. CUMBERLAND, MD 21502 Approximata interval Between Onset and Death **Physician** provoscular dis /Medical immediate Cause (Final diseasa or condition rasuiting in death) Examiner Due to (or as a consequence of): Examiner Hypertension Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated avants rasuiting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Aspiration bus to (or as a consequence of): attending physician Physician/Medical the 92 USB for signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Dfd tobacco use contribute to the cause of death? 1 | Yes 2 PNo 3 | Probably 4 | Unknown DIMBN à 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1 ☐ Yas 2☐ No funeral director, 25. Was case referred to medical 8 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of injury (Month, Dey Year) 27. Mannar of Death 28b. Time of 28c. fnjury at Work? 28d. Dascribe how injury occurred Certification: 1 Matural 5 Pending investigation death. 1 Yes 2 No 2 Accident after death Director: 6 Could not be daiermined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, streei, factory, offica building, etc. (Specify) 4 Homicide 6 Hospital 24 hours 8 24 hours 29a. Certifier 1 😭 Certifying Physicfan: To the best of my knowledga, daath occurred at the time, data and place, and dua to the cause(s) and manner as atated. Medical compietaly (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Within 2 29b. Signature title of certifier 29c. License number 29d. Date aigned (Month, Dey, Year) address of person who completed cause of death (item 23a) (Type, Print)

State Registrar SEP 0 3 1996

32. Registras's Signature Nordally



State of Maryland / Department of Health and Mental Hygiene 0.6

_						Certifica		Death		g. No.) (1012
	Physic	lan	Decedent's Nama (First, Middla JACK WALL WALL	-					2. Data of Deat Month	Day	Yaar	3. Time f th
V	_/Medi		4a. Facility Nama (If not institution,					4b. City, Town, or Lo	AUGUST	4c. County of	996	12:40 P
	Exami	ner	Sacred Hea		1			Cumberla	and	Alle		
	Funeral Director		233-40-9911	6. Sax 7. Ag 1 ★ 2 F	a (In yrs. last bir 66	Yrs. If Unde Months	Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, OCt. /,	1929	9. Birthpi Count West	aca (Stata or Foreig Virginia
	anyland ahow		Usual Residence of Decedant 10a. Stata 10b. County WV Hampsh	ire	10c. City, Tow						10	Od. inside City Limits
	the M	recto	10e. Street and Number		Konne		p Coda		11	0g. Citizan of W	hat Coun	1 XYas 2 No
	ath with	Funeral Director	332 Woodlan				2675			U.S.A.		
21215-0020	d 2 should be filed within 72 hours effer death with the Menyland th and Mental Hyglene. 7 is marked other than "natural", or items 23e or 28e-f show traumetic event, its Medical Examinat must be notified at	by	11. Marital Status 1 □ Nevar Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forcas? 1 Yas 2 If Yas, Giva Yaar or Datas:		13. Was Dece If Yas, spe 1 \(\text{Yas} \)		dispanic Origin? (Spean, Maxican, Puerto Specify:	ecify Yas or No- Rican, atc.)	14. Race Black Specify:	, Whita, a	atc.
2-0	72 h	eted	15. Decedent' (Specify only highast	grada completed)		Decedent's Usu (Giva kind of w	al Occup	pation during most of work d)	ing	16b. Kind of Bus	sinass/Ind	lustry
1212	d 2 should be filed within th and Mental Hygiene. 7 is marked other than "traumatic event, the Max	Completed	Elamentery/Secondary (0-12)	4 Collaga (1-4or 5	i+)	`#a σο νοτι Electric		d)		Electro	nics	& T V
nd	al Hygial Cother	Be C	17. Fathar's Nama (First, Middle, L					18. Mother's Name		Maidan Sumama	n)	
Maryland	Ment Marked marked	To	Jack Logar					Lottie	Locke			
	CANP		19a. Informant's Name/Ralationsh Louisa M. Hard			32 Wood		Way, Ron	nney, W		_	Code)
5			20a. Mathod of Disposition 1 🛂 Burial 2 🗆 Cramation 4 🔲 Donation 5 🗋 Other (Sp		20b. Place of cemara.	f Disposition (Na ry, cramatory or n Mound	ma of other place Ceme	etery Aug		Romn		
Balt	permit. Peges Department of Important: If it any Injury or once.		21. Signature of Funaral Sarvice L	ensaa Mn T		22. Nama a	nd Addra	ess of Facility Funeral Ho Main St.			6757	
•			23a. Pert1. Entar tha disaesa, or o shock, or heart failura. List o	omplications that caused nly one cause on each li	tha daath. Do i							Approximate interval Between
	Physician /Medical		Immediata Cause (Finel	CAR	ICEN	1 20	Ľ	ESUP1-	LAC-U		1	Onset and Death
	Examiner		disease or condition resulting in death)	8.		consequence of)		- 1011	1100)	<u> </u>	1
	led nsit	Examiner		b							i	
o î	ntificate be executed ng physician and es the buriel-transit	Ехаг	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Dua to (or as a	consequence of)	:				İ	
68760,	hysicia the bui	licai	Cause (Disease or Injury that initiated avants resulting in death) Last	C	Dua to (or as a o	consequence of)	:			+	-	
	E 00	Physician/Medical		d								
Box	death center at the attending and for use	siciar	Part ff. Other significant condition	s contributing to death be	ut not rasulting in	n the underlying	causa div	ven in Part I.	23b. Did to	bacco use con	ribute to	the cause of death
0.0	The lew requires thet the death ce life has been signed by the attendir page 2 should be detached for use					, ,			1 🗆 Ye			ebly 4 Unknow
rds,	ulres tr signe	d by	ANEMI, MKLN	- 1	1				24a. Was ar	n autopsy	24b. Wa	ra autopsy findings
Record	aw require is been siy 2 should b	Completed	MKCN	UTKIT	101				perform	ned?	eva cor of c	illable prior to inpletion of cause leath?
		Com							1 □ Ya	s 2 No	1 🗆	Yas 2□ No
Viital	Physician: The this certificate ral director, par	Be	25. Was casa refarred to medical axaminar?	Hospital:			OA Oth	26. Pleca of Deet	h (Check only on	e)		
o	Phys this ral di	n: To	1 ☐ Yas 2 ☐ No 27. Menner of Death	28a. Data of Inju		Tima of	OA Injur Wor	4 LI Nursing no	ma 5 ☐ Rasida 28d. Dascribe ho)
Sior	Attending Fir death. octor: After by the funer	catio	1 Naturai 5 Panding 2 Accident invastigs 3 Suicide 6 Could no	ition	7 (00)	njury M		Yas 2□No				
-	F + C	Certification:	3 Suicide 6 Could no 4 Homicida datarmin		ury - At homa, fa c. (Specify)	irm, street, factor	ry, office		28f. Location (St. City or Town		r or Rura	Routa Number,
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edical C	29a. Cartifiar 1 Certifying (Check only one) 2 Medical E	Physician: To the best of xaminer: On the basis of and manner sta	axamination an-	o, death occurred d/or invastigation	l at tha tir n, in my o	ma, data and place, opinion, daath occurr	and dua to the ca ed at the time, de	usa(s) and mar ata and place, a	nnar as st nd dua to	ated. tha cause(s)
	To the within To the compl	Me	290. Signature and filter of certifier		h	1) 29	icans	a number		9d. Data signed	(Month, I	Day, Year)
	10		· 0 (C	100		//)	110	3459		AUGUST :	30,	1996
(Mels		30. Nama and address of person w ESPINA, RENATO,				BERL!	AND, MD.	21502			
	Sta Registi		31. Data filed (Month, Day, Year) SEP 0 4 139	6 Jalu alaut	ar's Signatura	Ц						

State of Maryland / Department of Health and Mental Hygiene

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C	Ι	P								

Certificate of Death

3. Time of Death

Birthplaca (State or Foreign Country)

10d. Inside City Limits 1X Yes 2 □ No

9:00PM

Physician /Medicai		nt's Nam ANN	a (First, Midd	le, Last)					Н	OBBS		2. Data of De Month SEPTE		Ŕ 4,	Yee 19	3. Tima of D
Examiner	4a. Facility	Name (f not institution	n, give street and n	um <i>ber)</i>				- 4	4b. City, To	own, or L	ocation of Dea	h 4c.	County		
	EAS	TON	MEMO	RIAL HOS	SPIT.	AL				EAS	TON			TALE	ЗОТ	
Funeral Director	5. Social S 214- Usual Res	46-	1381	6. Sex 1□ M 2]X] F		(In yrs. last bin		Under	1 Year Days	If Under Hours		8. Data of Bi (Month, Di APR . 1	rth ay, Year)		9. Birthpi Coun	laca (State or I try) RYLAND
ms 23a or 28a-f show	10a. State MD	identica di	10b. County	LBOT		10c. City, Town	or Location								10	0d. inside City
23a or 28a-f signal be notified	10e. Stree 341			AURORA	ST.		1	Of. Zip (601				zen ot W	hat Coun	try?
ir, or its by Fur		ver Marri	ed 2□ Mar 4 ⊠Divorced	It Yes G	Forces?			Decede s, speci res 2		ispanic Or an, Mexica Specify		pecify Yas or No Rican, etc.)			, Whita, a	
"natural", orea Ex		(Spec	15. Decedar	nt's Education	1)	16a.	Decedent's (Give kind life. DO N	s Usuai	Occup	ation	st of worl	kina	16b. Ki	nd of Bus	iness/Ind	lustry
r than The M	Elament 12		ndary (0-12)	1	(1-4or 5+)	CAS			1)		9	GAS	ST	ATIC	N
ever Be			First, Middle,							18. Moth		e (First, Middle ENE Al)	
				ihip (Type, Print)	HER		Mailing Ad				er or Ru	ra <i>l Rou</i> te Numb	er, City o	r Town, S		
t: # #	20a. Metho	d of Disp urial 2 (osition	3 Removal from	n State	20b. Place of	Disposition y, cremator	y or oth	e of her plac	(8)	1	Date 9-96	20c. Lo	cation - (lify or To	wn, State
Department Important: any Injury once.	21. Signati	ure of Fu	nerai Service	Licensee			22. Na	me and	Addras	ss of Facili	ity	EIN &				

9-9-96 EASTON, MD SPRING HILL CEMETERY 22. Name and Addrass of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME

JOHN R. MERCERON CESP 200 S. HARRISON ST., EASTON, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line.

Approximate Intarval Batween Onset and Death

Immediate Cause (Final disease or condition rasulting in death)

Physician /Medical

Examiner

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phys.

ata has been signed by the a page 2 should be detached

certific director,

Affer

ours after death.

To the Hospital within 24 hours a To the Funeral C completaly filled

Physician/Medical

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Completed

Be

2

Certification:

Medical

or Attending Physician: The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760,

Hypertensive Arteriosclerotic Cardiovascular Disease

Due to (or as a consequence ot):

Due to (or es a consequence of):

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

t II. Other significant conditions	contributing to death but not resulting in	the underlying ca	use given in Par	rt
	bonding to doubt out not resenting in	i are andenying ca	use given in r ai	·

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

1 X Yas 2 □ No

28d. Describe how injury occurred

1 XYes 2 □ No

25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1X Yes 2 No 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA Other: 4☐ Nursing Homa 5☐ Residenca 6☐ Othar (Specify)

27. Manner of Death 28b. Time of 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide

Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end menner es stated.

**Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier

29d. Data signed (Month, Day, Year)

SEPTEMBER 6, 1996

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 DAVID R. FOWLER M.D.

29c. Licansa number

O.C.M.E.

State Registrar

31. Date filed (Month, Day, Year) SEP 0 6 1996



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					State	of Mar	-		ment of icate of	Health and Mac		giene 9	6	27611	}
			1. Decedent's Nan	na (First, Middla, L	ast)						2. Data of De	ath		3. Tima of Deat	h
	Physici /Medi		LILLIA	AN	AU	JGUS	TA		HIGD	ON	Month SEPT.	1, 199	Year 96	8:15	A
	Examir		4a. Facility Nama	(If not Institution, gi	iva street and nu	umber)				4b. City, Town, or L	ocation of Deatl	4c. Count	y of Death		
			1128 E	BENNETT	POINT	ROA	D			QUEENST	OWN	OUE	EN AN	INE	
	Funeral		5. Social Security		Sex		In yrs. last bir		Undar 1 Yaar	ff Undar 24 Hrs.	8. Data of Bir (Month, Da			laca (Stata or Fore	oign
	Director		218-34- Usual Rasidance	. 2011	1□M 2½F	59		Yrs.	onths Days	Hours Min.	FEB. 17			LAND	1-1-day
	yland		10a. Stata	10b. County		1	Oc. City, Town	n or Location	on				1	0d. Inside City Lim	its
	Mar and	tor	MD	QUEEN	ANNE		GRASO:	NVIL	LE					1 ☐ Yas 2💢	No
	r 284	Director	10e. Street and Nu	ımber				1	Of. Zip Coda			10g. Citizen of	What Cour	try?	
	3a o	0	100 WE	HITE HOU	ICE ACE	ZEDC	DON D		2163	Q		USA			
	vus after death with the Manyar el, or Nema 23a or 28a-f show Examiner must be notified at	Funeral	11. Marital Status	IIIE not	12. Was Dec	edant Ev		13. Was			ecity Yas or No		ce - Amaric	an Indian,	
	flar c	F		ried 2 Married	Armed F	orcas? 2 XNo				Hispanic Origin? (Sp pan, Maxican, Puarto	Rican, atc.)	Bie	ck, White,	atc.	
320	oris a	þ	3 🗆 Widowed		If Yas, G Year or D	iva		10	Yas 2. X No	Specify:		Specifi	y: WI	IITE	
Ö	72 hours after death with the Maryland naturel; or Hema 23a or 28a-f show area Examiner must be notified at			15. Decedant's E	Education		16a.	Decedent'	s Usual Occu	pation		16b. Kind of B	Jusinass/Inc	dustry	
21215-0020	n n	Completed		cify only highast g	rada complated)			(Giva kind lifa. DO l	of work done VOT usa retin	pation a during most of work ed)	ding				
217	within jena. r than	E	Elamantary/Sec 10	ondary (0-12)	College ((1-4or 5+)		OUSE	KEEPE	R		OWN	HOME	3	
	I Hygie other		17. Fathar's Nama	(First, Middla, Las	it)					18. Mothar's Nam	a (First, Middla,				
an	A P P S	To Be	CLAREN	ICE GAR	RDNER					SARA	ELIZAE	ETH :	CURNE	CR CR	
Maryland	12 should h and Men 7 is marke trsumatic	-	19a. Intormant's N	lame/Raiationship	(Type, Print)		19b	. Mailing A	ddrass (Stree	at and Number or Ru					
Ž	the tree			COURSEY		GHTE		_		TT POINT		QUEENS			
Baltimore,	permit. Pages 1 an Department of Haal Important: if Item 2 any injury or other once.			sposition Cramation 3 [5 Other (Spec		Stata		y, cremato	ry or other pla	EMETERY	Data	20c. Location	- City or To	wn, Stata	
喜	Department Department Important: I any injury o			unaral Sarvice Lice	**		SIEVE			ass of Facility	9-3-90	STEVE	TNOAT	LLE, M)
ã	Depa impo any i							FEL	LOWS,	HELFENE	EIN &	NEWNAM	4 FUN	IERAL HO	MC
	Physician		23a. Part1. Entar shock, or had	tha disease, or cor art teilura. List only	mplications that y one cause on	causad the	e death. Dor	200 not anter th	S. H. as mode of dy	ARRISON Ing, such as cardiac	ST., E or raspiratory a	CASTON ,	MD	21601 Approximata Interval Between Onset and Death	
	/Medical Examiner		Immediata Cause disaasa or conditi rasulting in death)	on	a	COCC	10 (2S	Consaquan	ca ot):	anut		***	1	0	
68760,	cata be asscuted hysician and the burial-transit	dical Examiner	Sequantially list or if any, leading to licause. Enter Und Causa (Diseasa or that initiated avent rasulting in daath)	S	c		a to (or as a c		ce of):	cercis			-	6 month	'us
Box 6	death certificat e attending phy ed for usa as th	Physician/Med		- (d								1		_
o.	that the de ed by the a detached t	ysic	Part II. Other signi	ficant conditions	contributing to d	leath but i	not rasulting in	tha undar	tying causa g	ivan in Part f.	23b. Dld	tobacco use co	ontributa to	the cause of dea	th?
0	that the sed by detac		huas	realism	16						10	Yss 2□ No	3 Pro	ably 4 Unkn	own
Records,	requires seen sign should be	Completed by	Emo	hysene								an autopsy rmed?	av co	ere autopsy tinding aliable prior to appletion of cause	js
Re	has	d L	•	•								1		death?	
=	Page Page	ပိ									10	Yas 2 No	10	Yas 2□ No	
Vital	ysician: The secretificata director, pay	Be	25. Was casa rata axaminar?	rred to medical	11-2-24-1					26. Placa of Dea	th (Check only o	ona)			
of	Physician: this certific ral director,	2	1 ☐ Yas 2	No	Hospital: 1 🗆	Inpatient	2 ☐ ER/Ou	tpatient 3	BD DOA	ther: 4 Nursing H	oma 5 Rasi	dance 8 □Ot	har (Specif	()	
Division o	Jing Aftar fune	Certification:	27. Mannar of Dea 1 A Natural 2 Accidant	5 Panding invastigation	on	of Injury oth, Day Y		ima ot njury		uryat ork?]Yas 2 ☐ No	28d. Dascribe	how injury occu	rred		
Divi	al or Attend s after death of Director: A ed in by the f	Certific	3 ☐ Suicida 4 ☐ Homlcida	6 ☐ Could not I datarmined	Zoa. Place	e of Injury ling, atc. (- At homa, fa 'Specify)	rm, streat,	factory, office		28t. Location (City or To		ber or Run	l Routa Number,	
	To the Hospital or Attent within 24 hours after deati To the Funeral Director: completely filled in by the	edical (29a. Cartifiar (Check only one)	Certifying P	miner: On the b	e best of r pasis of a nner state	camination and	, daath occ d/or Invasti	curred at tha t gation, In my	ime, deta end place, opinion, daath occur	and dua to the red at tha tima,	ceuse(s) and m data and place,	annar as s	ated. tha cause(s)	
	To the within 2 To the comple	Σ	29b. Signatura and	title of certifiar	00	\	0		29c. Lican	sa number		29d. Date sign	d (Month,	Day, Year)	

State Registrar

31. Data filed (Month, Day, Year)

30. Neme and addrass of person was completed cause of deeth (Item 23e) (Type, Print)

TOUND, MASTY MILES 509 TOLEWIN AK, EASTON, MB 2160]

31. Data filed (Month, Day, Year)

32. Registrer's Signatura Julia Davidson-Randelle

29c. Licansa number D36644 age of the second second second second THE WAR IN THE ST

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 1996 Charlene Naomi Hart August noon /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 52 Londonderry Drive Easton Talbot If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 8. Dete of Birth Month, Day, Year) Sept. 15 1923 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country)
Arkansas **Funeral** 1□M 20 F 430-32-1557 72 Yrs. Director Usuai Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other then "natural", or items 23a or 28a-f shor trsumatic event, the Medical Examinar must be notified at MD Talbot Easton 1X Yes 2 □ No Director 10e. Street end Number 10f. Zin Coda 10g. Citizen of Whet Country? with 52 Londonderry Drive 21601 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23-any injury or other traumatic event. The American Funeral 12. Was Decedant Ever In U,S. Armed Forces? 1 M Yas 2 □ No If Yes, Giva Yaar or Dates: WW II 14. Race - Amarican Indian, 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: white λq Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) secretary insurance 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be Barney Mary Burnett Magdalene Holbrooks 2 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 52 Londonderry Drive, Easton, MD 21601 William N. Hart / husband 20b. Plece of Disposition (Name of cematery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Crametion 3 ☐ Removel from Stete Maryland Veterans Cemetery 9-3 4 ☐ Donetion 5 ☐ Other (Specify) Hurlock, Maryland 21. Signeture of Funeral Service Licenses 22. Nama and Address of Fecility
Thomas Funeral Home PA 700 Locust St. Cambridge, MD 21613 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceusa on each line. **Physician** immediete Cause (Finel diseese or condition resulting in deeth) /Medical GL10 BLASTOMA 4 montles Examiner Due to (or es e consequenca of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) and Box 68760. physician Physician/Medical the Due to (or as e consequença of) ed by the attending detached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown HUART DISEASE þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? peen s Apply THMI AS , 1400 THYROLDISM has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No certificate or Attending Physicien: after death. Director: After this certifica funeral director, Be 25. Was case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 25 Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Yes 27. Menner of Deeth 28d. Describe how Injury occurred 28e. Dete of fnjury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Denature 5 Pending 1 Yes 2 No invastigetion 2 Accident the 6 Could not be To the Hospital or Atterview within 24 hours after der To the Funeral Directo completely filled in by the 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Cartifying Physician: To tha best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as steted. Medical 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) end menner stated. 29b. Signatura and titla of certifiar 29c, Licensa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed causa of deeth (frem 23a) (Type, Print) SYPW ST Comprise to Med 21613 Registrer's Signeture 31. Data filed (Month, Day, Year) State

Registrar

SEP 03 1996

.K.S 6-18	8 PE	R	MS: 23 PART I, 27, 28 MEO FILM G-739 9/20/9	6 t State of M	laryland /	рерап	ment of	Health a f Death	and M	tental Hyg	giene Nog. No.	96	27616	
	Physici	ian	1. Decedant's Nama (First, Middla, L							2. Data of Dea Month		Year	3. Tima of Death	
	/Medi	cal	MICHAEL J.					41 01 7		AUG.	-	1996	1140am	
	Examir	ner	4a. Facility Nama (If not institution, g PRINCE GEORGE	S HOSPIT	AL CEN			CHEV	ERL		PRIM		EORGES	
	Funeral Director		5. Social Sacurity Number 6. 579-76-4558 Usuel Rasidenca of Decedant	Th	ge (In yrs. last i		Undar 1 Year Ionths Day		Min.	8. Data of Birth (Month, Day May 1,	Year) 1957	Coun	lace (State or Foraign try) .ngton, D. C	
e Maryland	r 28a-f show Inotified at	ctor	10a. Stata 10b. County Maryland Prince (George's	7	own or Locati ainier						1	0d. Insida City Limits	
di di	De no	Director	10e. Street and Number 3206 Varnum Stre	at			10f. Zlp Coda 2071				10g. Citizan of	What Coun	try?	
theat	Nome 23e Ther maret	Funerai	11. Marital Status	12. Was Decedent	Evar in U.S.	13. Wes			aln? (Spe	ecify Yes or No- Rican, atc.)	U.S.A.	ce - Amaric	an Indian.	_
0020 ours after	ral", or he Examine	þ	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced	Armed Forces? 1 ☑ Yes 2 ☐ If Yas, Giva Yeer or Datas:			As, specify Cu Yes 2⊠ N		, Puarto	Rican, atc.)	Speci	ock, White, by: Whi		
and 21215-0020 De filed within 72 hours after death with the Marvland	ene. than "natural", he Medical Ex	Completed	15. Decedant's (Specify only highast g Elamantary/Secondary (0-12)	Education trada completed) Collega (1-4or		(Give kind life. DO		upation e <i>during</i> most red)	of worki		16b. Kind of E			
ding v	ntal Hygie ed other ti event, th	Be	17. Fethar's Nema (First, Middla, Las John William Ho	•		Print	er		r's Nama	a (First, Middla,	Privat Maiden Surna ombs		ustry	
Maryland	lealth and Mental H 27 Is marked of ther trsumatic even	1º	19a. informant's Name/Ralationship	(Type, Print)	1	9b. Mailing A	ddrass (Stre			al Routa Numbe		n, Stata, Zip	Coda)	
-	Health a		Jean Opperman /M	lother		3206 V	arnum	St., M	t.Ra	inier,	Md. 20	712		
			20a. Method of Disposition 1 ∰ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Spec		cema		ory or other p			Data 3/30/96	20c. Location			
permit.	Departm mporta any inju		21. Signature of Funaral Service Lig	ensee				rass of Facilit	v				Funeral Ho	om
			23a. Part1. Enter tha disaasa, of co shock, or heert fallura. List on	mplications that causa	d tha daath. D	473	9 Balt	imore	Ave.	, Hyatt	sville			
1	hysician Medical		shock, or heert fallura. List online immediata Cause (Final disease or condition	y ona causa on each li									Intervel Betwean Onsat and Death	
E	xaminer		resulting in death)	8	Dua to (or as	a consequer	nce of):							
acuted	and ul-transit	xaminer	Sequantially list conditions,	b	Due to (or as	a consequer	ice of):							
	ician an burial-tr	ш	if any, leading to immediata causa. Enter Underlying Cause (Disaasa or Injury		240 10 (01 43	a conseque	iou 01).					1		
The iaw requires that the death certificate be ex	attending physician for use as the buri	Physician/Medical	that initiated evants rasulting in death) Last	d	Dua to (or as	a consequen	ce of):					1		
death	e atten	siciar	Pert II. Other significant conditions	contributing to death b	out not rasulting	ın tha unda	rlying causa (givan In Part I.		23b. Did to	obacco use c	ontribute to	the cause of death	?
s that the	ned by the e detached	by Phys								1 🗆 Y	N	3 □ Prot		
aw require	ss been sign 2 should be	Completed t								24a. Wes a perfor	in autopsy med?	COI	ara autopsy findings allable prior to impletion of causa death?	
		Com								1,XY	as 2 No	10]Yas 2□No	
Attending Physicisn:	is certificate director, pag	Be	25. Wes case refarred to medical axaminar?	Hospital:					of Daatt	h (Check only or	na)			
Phys	r this oral dir	To To	1X Xes 2 No 27. Mannar of Death	1 ☐ Inpatie	ant XX ER/0		3LI DOA			me 5 Rasid 28d. Dascribe h			()	
nding	death. :tor: After th / the funeral	atior	1 □ Natural 5 □ Panding 2 □ Accident invastigati	on 8-23-96 F		UNIDry 10 A	28c. Inj W M 1	ork? ⊒Yes 2 XX		SUBJECT I				
ò	설片드	Certification:	3 Suicida 4 Homicide	be			1	9		28f. Location (S City or Tow BRENTWOOD	n, Stata) 373	ber or Rura 7 HAMIL	Routa Number,	
To the Hospital	within 24 hours effe To the Funeral Dir completely lilled in	edicai	29a. Cartifiar (Check only one) 1 Certifying P 2 Medical Exe	thysician: To the best iminer: On the basis o end mannar st	f axamination a	ga, daath oc and/or invast	curred at tha Igation, in my	tima, data and opinion, daat	d place, ith occurr	end due to the cred at tha tima, c	ause(s) and n lata and place	nannar as st , and due to	ated. the cause(s)	
Tot	To T	Σ	29b. Signature end titla of certifiar	00.				nsa number		2	29d. Date sign			
			30. Nama and addrass of person with	Curte complated causa of c	daeth (Itam 23a	a) (Type. Prin		C.M.E			AUG.	24,	1996	
			Dennis J. C	hutemo	, 11			reet,	Bal	timore	, Mar	ylan	21201	
	Sta Registr		31. Dete filed (Month, Day, Year)	36 Registr	ar's Signatura	Carlott								

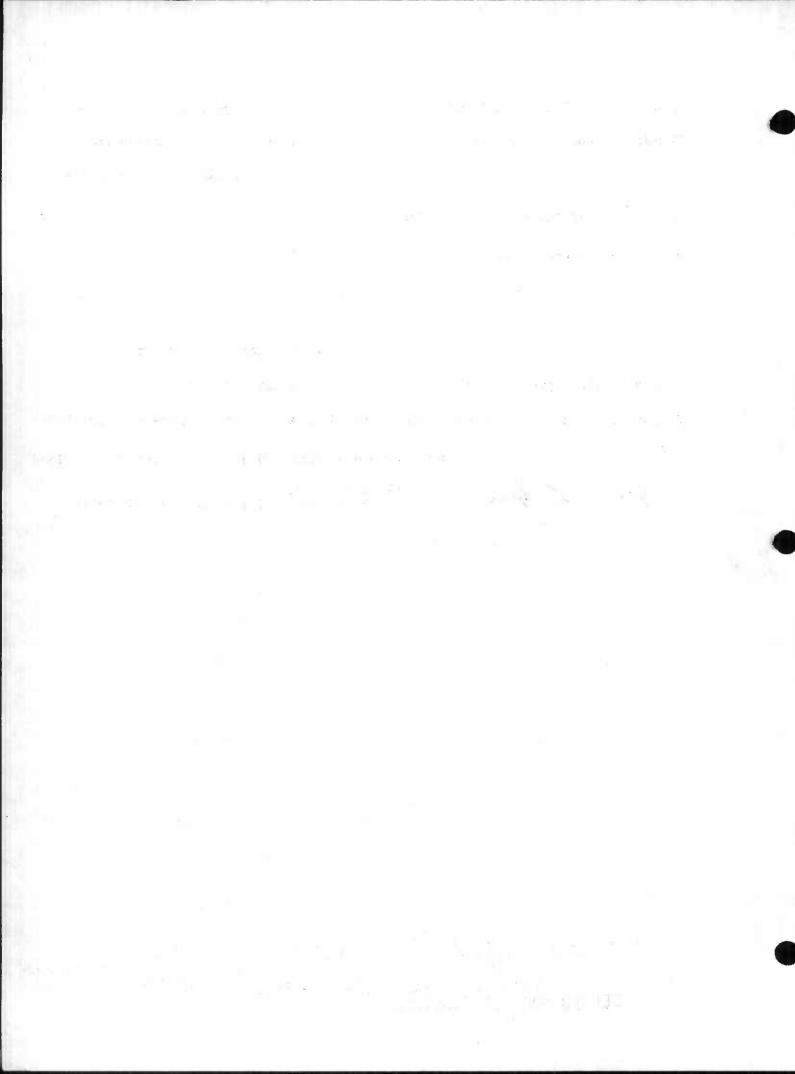
DHMH 16 Rev 6/95

AND THE RESERVE OF THE PERSON

State of Maryland / Department of Health and Mental Hygiene 96 27617

_					- Wildir yildi		tificate of			g. No.	0	21011
П	Physic	ian	Decedent's Neme (First, Mich.)						2. Dete of Deeth Month		eer	3. Time of Deeth
J	/Medi		Charles Kennet						August 3	30, 1996		2015
2	Exami	ner	4a. Fecility Neme (If not institut		,			4b. City, Town, or L	ocation of Deeth	4c. County of	Deeth	
L		ш	Washington Cou					Hagerst		Washi		
	Funerai Director		5. Sociel Security Number	6. Sex 1⊠ M 2□ F	7. Age (In yrs. 72	last birthdey) Yrs.	Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Oct. 15,			ace (State or Foreign y) land
	pu *	1	Usuel Residence of Decedent 10e. Stete 10b. Coun	the contract of the contract o	10- 0	v. Town or Loc						
	sho	<u>_</u>		shington	TOC. CR	Boons					10	d. Inside City Limits 1 ☐ Yes 2 ☑ No
	he M	ecto		on in the con-		DOOLIS						
	with be to	늄	10e. Street and Number				10f. Zip Code			g. Citizen of Wha	t Count	ry?
	s 23	rai	21629 Old Nati				1	21713		ISA		
21215-0020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumetic event, the Modical Examines must be notified at once.	by Funeral Director	11. Maritel Status 1 Never Merried 2 Maritel 3 Widowed 4 Divorce	Armed Fo	2 □ No		/es Decedent of F Yes, specify Cub ☐ Yes 2X No	dispenic Origin? (Spen, Mexican, Puerto Specify:	pecity Yes or No- Ricen, etc.)	14. Rece - Bleck, \ Specify:	White, e	
0	2 ho	Completed	15. Decede	ent's Education		16e. Deced	ent's Usuel Occup	petion	. 1	6b. Kind of Busin	ess/Inde	estry
21	hin 7	ple	Elementery/Secondery (0-12)	nest grade completed) College (1	I-4nr 5+)	life. D	and of work done O NOT use retire	during most of world)	king			
2	filed within Hygiene. ther than ent, the Me	0	8	O		ma	intenanc	e engine	er	hospita	al	
nd	be filed that Hygie d other event, the	Be (17. Father's Neme (First, Middle	-				18. Mother's Nam	e (First, Middle, M	laiden Surneme)		
/la	Ment Ment arked atic e	To	Oscar Keller	: Harbaugh,	Sr.			Lillia	an M. Bri	.11		
Maryland	2 should and Mer is marke aumatic		19e. Informent's Name/Reletion					end Number or Rui				
	end selth		Brenda D. Wisr	ier Daug	hter			11 Ave.,	Ext., Ha	gerstown	a, M	d. 21740
ore	of He		20e. Method of Disposition	2 Domewalfrom	20b. F	Plece of Dispos emetery, crem	ition (Name of etory or other ple	ce)	Dete 2	0c. Location - Clt	y or Tow	m, State
Ĕ	Pages nent of I ant: If ite ury or o		4 Donation 5 Other			edar La	wn Mem.	Park 9-	-3-96 Н	agerstov	m,	Maryland
Baltimore,	permit. Pag Department Important: It any Injury o		21. Signature of Funerel Service	e Licensee		MI		ss of Fecility NERAL HON son Blvd.				
	Physician /Medicai Examiner	er	23a. Pert1. Enter the diseese, shock, or heert feilure. L! Immediate Ceuse (Finel diseese or condition resulting in deeth)									interval Between Onset and Death
	ned Insit	듵	10 M	b. 4								
-	execu n end	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (o	r es a consequ	ence of):				i	
68760,	ificete be executed g physician end es the bunal-transit		thet initieted events	c	Due to (e		0000 00:				1	
9	- C 0	edical	resulting in deeth) Lest		O) O) euc	r es e consequ	ence ot):					
ŏ		2		d							1	
.O. Box	that the death certined by the attending detached for use to	Physician/N	Pert II. Other significant condit	dons contributing to de	ath but not resi	ulting in the un-	deriving ceuse giv	en in Pert I	23h Did toh	acco use contril	bute to t	the cause of death?
0.	t the	hys				and gir the an	actifying occase giv	on any one is	1010			ably 4 Unknown
	signed be de	by F	HYPERCALC	EMIA								
Records,	The law requires that the death cer ste hes been signed by the attendir page 2 should be detached for use		POSSIBLE	Carpora					24e. Was en perform		4b. Wer	e autopsy findings lable prior to
900	hes be	pie		-							of de	pletion of cause eath?
	The la	Completed	HYPERTENS	200					1 ☐ Yes	20 No	1 🗆	Yes 2 No
ta	ysician: The s certificate director, pag	Be (25. Wes case referred to medic exeminer?	al				26. Plece of Deet	h (Check only one)		
-	5 00 0	To	1 Yes 2 No	Hospital:	npatient 2	ER/Outpetient	3 DOA Oth	er: 4 Nursing Ho	me 5 Residen	ice 8 Other (Specify)	
Division of Vital	After fune		27. Manner of Deeth Neturel 5 Pend 2 Accident Inves	28e. Dete of (Month tigetion	of Injury h, Dey Yeer)	28b. Time of Injury	28c. Injur Wor M 1	y et k? Yes 2 □ No	28d. Describe how	v injury occurred		
DIVIS	X # = C	Certification:	3 Suicide 6 Could deter	mined 288. Piece	of Injury - At hong, etc. (Specif)	ome, ferm, stre	et, fectory, office		28f. Location (Stre City or Town,	eet end Number o Stete)	or Rural	Route Number,
	To the Hospital or within 24 hours eft To the Funeral Dir completely filled in	edical (29e. Certifier (Check only one)	ing Physician: To the la i Examiner: On the ba end menn	isis of exeminet	wledge, deeth o	occurred at the tinestigetion, in my o	ne, dete end plece, pinion, deeth occur	and due to the cau red et the time, det	use(s) end menne te end plece, end	er as sta due to t	ted. he cause(s)
	ro th Fo th comp	Me	29b. Signeture and title of certific				29c. Licens	e number	290	d. Date signed (N	Aonth, D	ey, Year)
			10 17	- / R	12-1		12	0000		130/96		
			30. Name and address of person	n who completed ceus	of deeth (Item	23e) (Type P	rint)	5012	5	130 176	11	16 100 1
			PAMERA FO	W BRANE	sel 1	41	11110 1	1F) Icas	CAMPIN	RY	M)	AGERTALW,
			1					17/			- 6 - N	A OKLIIV

State Registrar

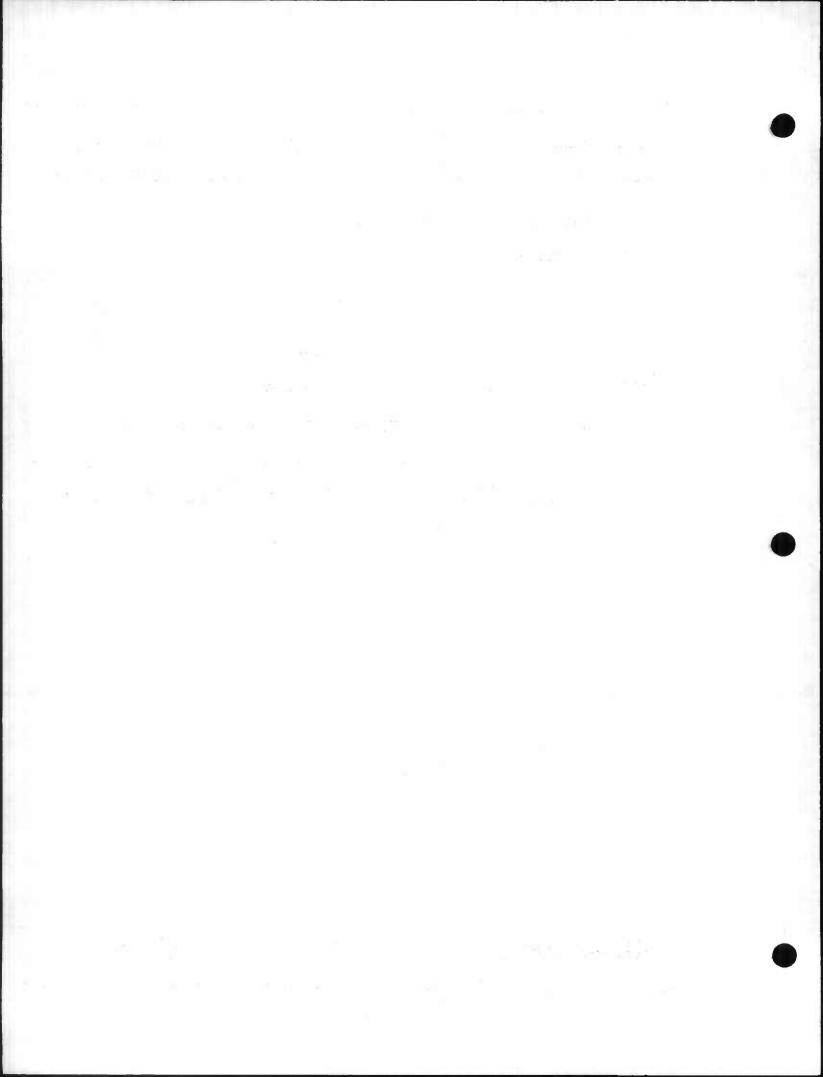


State of Maryland / Department of Health and Mental Hygiene 96

								Cer	unca	re oi	TUE	eatn			- 1	Reg. No.		
	Physici /Medic		1. Decedant's Nama (First, Mic Edith Mae		holo	der								M	ete of Deconth pten	oth Dey nber 4	Year 199	3. Time of Death 6 4:45 pm
	Examir		4a. Facility Nama (If not instituted 5810 Port	_									wn, or L		of Death		ity of Death	
	Funeral Director		5. Social Security Number 567-46-6866	6. Sax 1□ M	1 2 ¹ √ F	7. Aga ('In yrs. lasi	<i>t birthday)</i> Yrs.	If Unde Months			Undar Hours	24 Hrs. Min.	8. De (M Oct	ota of Birt Sonth, Day	h Year) 12,19	9. Birth Con 35 M.	nplace (State or Foreign yntry) LChigan
	Maryland 4 show	lor	Usuel Rasidance of Dacedant 10a. Stata 10b. Cour Texas Pol	•		1		own or Loc										10d. Insida City Limits 1 ☐ Yas 2 ☑ No
	the 128	Director	10e. Street and Number						10f. Zl	Coda						10g. Citizen o	f What Co	untry?
	With With	0	101 Rainbow Dr	1,70	#553	0				351								y.
	Jeath 22	lera	11. Marital Status			cedent Eve orces?	ar in U.S.	13. V				enic Orl	ain? (Sp	ecify Y	as or No- atc.)	U.S.A		rican Indien,
020	s 1 and 2 should be filed within 72 hours efter death with the Maryland I Health and Mental Hyglene. I Health and Mental Hyglene. I have 23 or 28-f show other traumatic event, the Medical Expresses must be notified at	by Funeral	1 ☐ Never Merried 2 🕅 M 3 ☐ Widowed 4 ☐ Divorc	arried		2⊠ No iva			Yas, spe					Rican,	atc.)		leck, White	
2-0	72 ho	ted	15. Deced	ant's Educat	lon (a to at)		1	6a. Daced	ent's Usu	ai Occi	upetio	n	A is 6 is al.	-1		16b. Kind of	Business/I	industry
Maryland 21215-0020	2 should be filed within 7 and Mental Hyglene. Is marked other than "n aumatic event, or e Hou	Completed	(Specify only high Elamantary/Secondary (0-12 11			(1-4or 5+)			ind of wo NOT u make		ia durii red)	ng mos	t of work	ang		Her	Home	
pu	be file d othe event	Be	17. Fethar's Nema (First, Middl	a, Last)							18	. Moth	ar's Nam	a (First	, Middla,	Maiden Sum	ema)	
la	1 and 2 should be Health and Mental em 27 is marked o other traumatic eve	To	Charles W. Ga	se							F	Eve1	yn I	₩. J	Tacks	son		
an	and had		19a. tnformant's Name/Relatio	nship (Type,	Print)			19b. Mallin	g Addras	s (Stree	et end	Numb	er or Rui	ral Rout	a Numbe	er, City or Tou	m, State, Z	ip Coda)
	and 2 27 le		John A. Househ	older				Same										
ore	oth oth		20a. Method of Disposition				20b. Piac	e of Dispos	sition (Na	ma of	iace)	Sar	t om	Dat	a ₅ 10	20c. Location	o - City or 1	Town, Stata
Ē	Pege ent. nr: If ry or		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other		oval from	Stata	Metr	opoli	tan	Fun	era	11 5	erv:	ice	7,15	Alexar	dria.	Virginia
altimore,	permit. Peges 1 and Department of Health Important: If item 27 any injury or other tr once.		21. Signeture of Funarel Sarvic		7			22.	Nama ei	nd Add	rasso	f Fecili	by					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ä	Depair Permi		11/12	-111			20660	N.	illi	ams	Fu	iner	al I	Home	P.A	land 2	0610	
	_		23e, Part1, Enter the disease.	or complicat	ions that	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	00668								_		.0040	Approximeta
4	Physician 1		23e. Part1. Entar the classe, shock, or heart failure. L	st only one	ause bu	ach lina.		oo not anto		20 01 01	yg., .c		our dido	OI TOUR	natory ar	1001,		Intarval Between Onset and Death
	/Medical		tmmediata Causa (Final		<u> </u>		-1-	70	- DI	12	^	1	<u> </u>		00		į	1101
в	Examiner		disaasa or condition rasulting in death)	a	17 1	201		TR	OFF	+1 (_		-17		14	1 L		7 705
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	certificete be executed inding physician and use es the burial-transit	Examiner	Caguantially list conditions	b				a consequ	1			-	1110					
ó	exection and an and right.		Sequantielly list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Disaase or injury			50	0 10 (01 20	u oonsoq	Julio Oi								1	
68760,	te be ysicia	n/Medical	that initiated evants	c		Du	e to (or as	a consaqu	ence of):									
89	iffice g ph	led	rasulting in daath) Last	1														
XO	andin use	2		d													<u> </u>	
8	deeth e etter id for i	sicia	Pert II. Other signiftcant condi	tlons contrib	outing to d	leath but r	not resultin	o in the un	darivina	SALISA C	nivan i	n Part I		1 2	3h. Did t	obacco uae	ontribute	to the cause of death?
, P.O	res that the de igned by the e be deteched f	by Physician									9112111					Yes 2 No		
of Vital Records,	v requi	Completed t												2	4e. Was perfo	en autopsy med?	8	Wara autopsy findings available prior to complation of causa of deeth?
Re	The lav ate hes page 2	Juic													101	as 2 No		Yas 2 No
ta			25. Was casa rafarred to media	cal							06	Diago	of Deat	h (Ch-				1 1 185 2 NO
5		o Be	axaminar?	Hos	pital:	Inpatiant	م □ ح ت	/Outpetient	3□ D	24 0	Whor				ck only o	dance 8 🗆 C	What (C	-16.1
O	r this	-	27. Mannar of Death		28a. Data	of tnjury	28	b. Tima of		28c. tnj W		4 🗆 140	insing ric			now injury occ		шу)
lon	th. Afte	I I	1-BNatural 5 ☐ Pend 2 ☐ Accident inves	ding stigation	(Mon	ith, Day Y	(ear)	Injury	М			2 🗆	No					
Division	Attending or deeth. ector: After by the fune	fica	3 ☐ Sulcide 6 ☐ Coui	d not be	28a. Piace	e of Injury	- At homa	, farm, stra	at, fector	y, office	е			28f. Lo	cation (5	Streat and Nur	n <i>ber</i> o <i>r R</i> u	ral Routa Number,
ă	al or Attending Pr s effer deeth. Il Director: After th ed in by the funeral	Certification:	4 Homicida		build	ing, atc. 7	Specify)							Ci	ty or Tou	vn, Stete)		
	To the Hospital or A within 24 hours efter To the Funeral Director Completely filled in b.	edical C	29a. Cartifiar 1 Certify (Check only one) 4 Medica	ring Physici at Examiner	: On tha b	a bast of m easis of ax	camination	dga, daath and/or inv	occurred astigation	at tha , in my	tima, o	date an on, daa	d place, th occur	and du	a to tha d	ceusa(s) and data and place	mannar as e, and dua	stated. to the ceusa(s)
	o the	Me	29b. Signature end titla of certif	fiar	110000				29	c. Licer	nse ni	ımber				29d. Data sig	ned (Month	n, Dey, Year)
	->-0		Horiel		M.	2	CON	\sim	1	12	- f	-3	52	_		9-	5-	96
			30. Nama and addrass of perso	on who comp	leted caus	se of deat	th (Item 23	a) (Type, F	Print)	0	PL	at	0	0	nd	20	64	6
	Sta Registr		31. Date filed (Month, Day, Yaa SEP 0 5		32. 5	egistrar's	Signatura	Rardal	1.									
			0	.000	7			- my fresh	Ψ'									

State of Maryland / Department of Health and Mental Hygiene 96 27619

						Certific	cate of	Death		Reg. No.		~ 10	1)
			1. Decedant's Nama (First, Middle, La	st)					2. Date of De		Vaca	3. Tima of	Deeth
	Physici /Medi		Mildred Ag	atha	Hane	S			Augus	t 28,	1996	9:10	AM
h	Examir		4a. Facility Nama (If not institution, give	e street and number)				4b. City, Town, or			y of Death		
			Suburban Hospi	tal				Bethesd	a	Mon	tgom	ery	
	Funeral		5. Social Security Number 6. S		yrs. last birti	hday) If U	ndar 1 Yaar ths Days					place (Stata or	Foreign
Ы	Director		578-30-3549	□M 2\\ F 84	}Y	rs.	uio Dayo	Tiodis Will.	Jan. 1	0,191	2 Pen	nsylv	ania
	p v		Usual Residence of Decedant 10e. State 10b. County	100	. City, Town	or Lagation						04 114- 05	. I best e
	sho	2									Ι'	0d. Inside Cit	
	Ne N	Director	MD Charl 10e. Street and Number	.es	Be	1 Alt	On Zlp Code			10g. Citizen of	100 0		-X.
	with a or	급	8801 Dove Dr	ivo		101	206	11		U.S.		itry r	
	99th	Funeral	11. Marital Status	12. Was Decedent Ever	ln II S	13 Was D			nacify Vac or N		ce - Amaric	en Indian	
	ther d	E	1 Never Married 2 Married	Armed Forces?	iii 0,3.	if Yes,	specify Cub	Hispanic Origin? (S ean, Maxican, Puer	to Rican, atc.)	Bis	ick, Whita,		
320	o S. J.	by	3 Widowed 4 □ Divorced	If Yas, Giva Year or Datas:		1□ Ye	s 2 No	Specify:		Specific	w.Whi	te	
21215-0020	be filed within 72 hours effer death with the Marylend lat Hyglene. I differ than "natural", or items 23s or 28s-f show event, the Medical Evant for must be notified at	8	15. Decedant's E		16e. I	Decedant's I	Usual Occup	petion		16b. Kind of E			
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pu	al Hy oth	Be (17. Fathar'a Name (First, Middla, Last					18. Mothar's Nar					
yla	should bind Ment	To	William	Unitis				Agatha		U	niti	S	
Maryland	2 sho end la ma		19a. fnformant's Neme/Ralationship (Type, Print)		_	-	and Number or Ri				Code)	
	1 end Heelth em 27		Pam Hanes					35 Bel					
0	Peges 1 nent of H int: If Ite ary or of		20e. Mathod of Disposition 1 X Burial 2 ☐ Cramation 3 ☐	Removal from Stata		, cramatory	or other pla	1	Data	20c. Location			
altimore,			4 Donation 5 Other (Special	y)				Cemeter	8/31	LaPlat	a, M	laryla	ind
Bal	Departr Departr Imports any Inj		21. Signature of Funeral Service Lice	M00817	7			ass of Facility t-Echol	s Fine	ral Ho	me	Tnc	
_	40 = 4 0		Huyton C	Telios II		P.	O. B	ox 567	La Pla	ta, MD	206	46	
U			23a. Part1. Entar tha disease, or com shock, or haert fallura. List only	plications that caused that one cause on each line.	death. Do n	ot antar the	moda of dyi	ng, such as cardla	c or respiratory	arrest,		Approximate Interval Bety	veen
	Physician /Medical		Immediate Causa (Final								- 1	Onset and D	
	Examiner		diseasa or condition rasulting in death)	a SQUAMOU	15 C/-	RCIN	OMA	0 F 17to	E LUN	16		8NOX	MHS
		ē		Dua	to (or as a c	onsequance	of):				1		
	uted d ansit	Examiner		b	40 /00 00 0) all				i		
Ć	requires that the death certificate be executed been signed by the attending physician and thould be detached for use as the burial-transit	Exa	Sequentially list conditions, if eny, leading to immadiate cause. Entar Underlying	Dua	to (or as a c	onsequence	01):				1		
68760,	ysicia	edical	that initiated evants	c. Dua t	to (or as a co	onsequance	of):						
9	uffica ng ph es th	Med	rasulting In death) Last		, , , , , , , ,	,					i		
30 X	th ce tendii			d							1		
P.O. Box	that the death ce led by the attendi	Physician	Part II. Other significant conditions of	ontributing to death but not	t rasulting in	the undarlyi	ing causa gi	van in Part I.	23b. Did	tobacco use co	ontribute to	the cause o	f death?
<u>~</u>	d by I	F.	PLEURAL E	FFUSSIAN!	1				1	Yes 2 No	3 Prof	bably 4 🗆 t	Jnknown
Records,	signed be de	b	- FEORIT F	110001010							T		
0	been si	Completed								s an autopsy ormed?	8V	ara autopsy fi silabla prior to mpletion of ca	
3ec	Z S S	ld L								/	of	death?	1000
<u></u>	T ele								1 🗆	Yas 2 1 No	1[∃Yas 2□ I	No
<u> </u>	ysician: The s certificate director, pag	Be	25. Was case refarred to medical axaminer?	Hospital:			04		ath (Check only	ona)			
ot	this ral di	. To	1 ☐ Yas 2 ☑ No 27. Manpar of Death	1 LY Inpatient	2 ER/Out		JUUA			Idance 6 Ot		(y)	
C	After After fune	tlon	1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Yea	28b. Ti	jury M	28c. Inju Wo	rk?]Yas 2∐No	Zed. Dascribe	now injury occu	rred		
Division of Vital	I or Attending after death. Director: After d in by the fune	lca	3 ☐ Suicide 6 ☐ Could not b		At home fac			7140 20110	28f Location	(Street end Num	her or Run	I Routa Numl	per
<u>></u>	after Direct d in by	Certification:	4 Homicida determined	28a. Plece of Injury - a building, atc. (Sp	ecity)	iri, otiuut, iu	otory, omco			wn, Stata)	001 01 11010		
	apita nours nersi		29e. Certifier 1 Certifying Ph	yelclen: To the best of my	knowledge,	deeth occur	rred at tha ti	ma, date and pleca	a, and dua to tha	causa(s) and m	anner as s	tated.	
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	(Check only 2 Medical Exar	niner: On the basis of exam and manner stated.	mination and	or Invastiga	ition, in my	opinion, death occu	irred at tha time	, deta and plece.	and dua to	tha cause(s)	
	Vithi To th	Σ	29b. Signatura and titia of cartifiar				29c. Licens	se number		29d. Data sign	ed (Month,	Day, Year)	
			Mulortrus	anno			D233	308		9/3/	196		
			30. Nema and addrass of person who	compiated cause of death	(Itam 23a) (1								
			Victor Priego	MD 11420	Roc	kvil]	le Pi	ke Suit	e 20 R	ockvil	le,	MD 20	852
	Sta		31. Data filed (Month, Day, Year) SEP 0 5	1996 Augustra's S	ignature	p.							
	Registr	ar	0L1 0 0	1000 P fulla	ariwell	on March	all						



State of Maryland / Department of Health and Mental Hygiene

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						Cen	tificate of	Death		Reg. No.		
	D harata		1. Decedant's Nama (First, Middla,	Last)			11		2. Data of De		Voor	3. Tima of Death
	Physic /Medi		KERMIT	RICHARD			Ho	OKER	augu	st 23	1996	1830
1	Exami		4e. Fecility Nema (If not institution, g PENINSULA REGION				4	SALISB	ocation of Deat	h 4c. County)
	Funeral Director		5. Social Security Number 6 578-44-9997	Sex 7. Ag	ga (In yrs. last bi	rthday) Yrs.	If Under 1 Year Months Deys	if Under 24 Hrs. Hours Min.	8. Data of Bir (Month, Da June 12			iece (Stata or Foreign try)
	p ,		Usual Rasidance of Decedant		10- 0h T-							
	e Meryle	ctor	Maryland Wicon	nico	10c. City, Tow Sal	isbu					10	0d. insida City Limits ★文Yes 2□ No
	章 P P B B B B B B B B B B B B B B B B B	Dire	10e. Street end Number				10f. Zip Coda			10g. Citizen of \	Whet Coun	try?
	1 23a	Ta.	600 Sherwood Cir				2 180			USA		
070	within 72 hours efter deeth with the Meryland jene. 'than "naturel', or items 23a or 28a-f show the Medical Evarrine must be notified at	by Funeral Director	11. Maritei Status 1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Armed Forces? 1 1 XYes 2 I if Yes, Give Yeer or Detes:			/as Dacedent of H Yas, specify Cube ☐ Yas 2 XNo	lispanic Origin? (S en, Maxican, Puart Specify:	pecify Yes or No o Rican, atc.)	Specify	ck, Whita, a	atc.
9	2 hou	8	15. Decedent's	100000000000000000000000000000000000000		. Deceda	ant's Usuai Occup	ation		16b. Kind of B		
21215-0020	S	Completed	(Specify only highest of Elementary/Secondary (0-12)	Collega (1-4or 2	5+)	(Giva k lifa, D	ind of work dona O NOT usa retired	during most of wor ii)	king			Food Resta
P	5 5 5 F		17. Fathar's Nama (First, Middla, La	st)		0 0		18. Mothar's Nan	na (First, Middle			TOOL MEDEE
lan	should be filed withind Mental Hygiene. marked other then imatic event, the M	To Be	Philip K.	Hooker				Margar	et C. M	cCabe		
Maryland			19a. Informant's Name/Raiationship	(Type, Print)	198	b. Malling	g Addrass (Street	and Number or Ru	ral Routa Numb	er, City or Town,	State, Zip	Code)
	end 2 selth a 1 27 ls		Paulette Hooke	r/spouse		600	Sherwood	Circle,	Salisb	ury, MD	21804	4
Baltimore,	permit. Peges 1 end. Department of Heelth Important: If Item 27 eny injury or other tr once.		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Othar (Spec		cemeta	ry, cram	ition (Nama of atory or other plac emetery		Data 8/27/96	20c. Location -	bury.	
Balt	permit. Peges Department of Important: If is eny injury or once.		21. Signeture of Funeral Service Lic	ensee MO	1051	Но		uneral H		WD.	2100	
			23a. Part1. Entar the disaasa, or co shock, or haart failure. List on	mplications that cause	d tha daath. Do	not ente	r the moda of dylr	lill Rd., ng, such as cardiad	or raspiratory a	ury, MD	2 1804	Approximata
Ó	Physician /Medical		immediata Cause (Finai	a Mata				P Co				Onset and Death
	Examiner		disaasa or condition rasulting in death)	a. / ////	Due to (or as a				m			7/3
	2 2	ne			000 10 (01 23 2	consequ	ance ory.				-	
o,	an and	Examiner	Sequantially list conditions, if any, leading to immediata cause. Enter Undarlying Causa (Disease or injury	b	Dua to (or as a	consequ	Jance of):					
× 68760,	eath certificate be executed attending physician and for use es the burial-transit	Medical	that initiated events resulting in death) Last	C	Dua to (or as a	consequ	ance of):					
Bo	death ce	lan		d								
P.O.	0 0 0	Physician	Part II. Other significant conditions	contributing to death b	out not rasulting l	In tha un	darlying causa giv	an in Pert i.		tobacco use co Yss 20.No		the cause of death?
of Vital Records,	900	eted by	0.00						24a. Was	an autopsy ormed?	9V8	era autopsy tindings allable prior to repletion of cause
Rec	hes b	Completed									of c	death?
la	iclan: The l certificate he rector, page	e Co	25. Was casa rafarred to medical						10		11_	Yas 2UNQ
5		O B	examinar?	Hospitai:	ent 2 ER/O	utnationt	3□ DOA Oth	28. Place of Dea		ona <i>)</i> dance 8 □Oth	es (Cnecih	al
on of	Ing After Tune		27 Manner of Death 1 Natural 5 Pending	28a. Data of inju (Month, Da	iry 28b.	Tima of Injury	28c. Injur Wor	4 LI Nursing H		how injury occur		//
Division	deat deat ctor: y the	Certification:	2 Accident invastigat 3 Suicida 6 Could not 4 Homicida datarmine	be 28a. Place of in	ury - At home, fa c. (Specify)	arm, stra	at, factory, office	ras ZUNO	28f. Location (City or To	Straat and Numb wn, Stata)	per or Rura	l Routa Number,
	To the Hospital or A within 24 hours effer To the Funeral Dire completely filled in b	edical Co	29a. Cartifiar (Check only one) Continue Contin	Physician: To the best aminar: On the basis o	f examination ar	a, daath nd/or inva	occurrad at tha tin	na, data and place pinion, daath occu	, end due to tha rred at tha tima,	causa(s) and mo	annar as st	ated. tha cause(s)
	ithin o the omple	M M	29b Stonature and title of ceditier	and manner st			29c. Licens	a number		29d. Dete signe	d (Month, I	Day, Year)
			W/1/2	14	- NN	>	No	16278	>	8-1	3-9	96
	NA		30. Name and addrass of persop wh	1111	iaath (Item 23a)	(Type, P	Print)	1157.	Culil	Man) 18	7
		10	31. Date filed (Month, Day, Year)	A2. Registr	ar's Signature	25.	COLVA	, , , ,	34/11	1000	200	
	Sta Registi		AUG 26 199	6 Julia da	ar's Signature	dall			-)		

State of Maryland / Department of Health and Mental Hygiene 96

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						Cei	rtificate of	Death		Reg. No.	0	2/021	
ı	Dhunial		1. Decedant's Nama (First, Middla, La	st)			11.	1	2. Data of De Month	ath Day	Yaar	3. Tima of Death	
	Physic! /Medi		NORWOOD	PRESTON			HA57	tings	Aubust	23	1996	0/33	
	Examir		4a. Facility Nama (If not institution, glv	ra straat and number)				4b. City, Town, or L	ocation of Death	h 4c. Coun	ity of Death		
			PENINSULA REGION	AL MEDICAL	CENTE	R		SALISB			COMICO)	
	Funeral Director		214-34-7954	Sax 7. Age 1 M 2□ F 8	a (In yrs. last t	birthday) Yrs.	If Under 1 Year Months Days		8. Data of Bir (Month, Da June 2,	th ly, <i>Year)</i> 1912	Cour	place (State or Foreign http:) yland	
	pue &_		Usual Rasidence of Dacedant 10a. Stata 10b. County		10c. City, To	wn or Lo	cation				1	10d. Inside City Limits	
	Aaryla Paho	ō	W			lisb					'	1 Yas 2 □ No	
	19 P	Director	Maryland Wicomic		Ja	IISD	10f. Zip Coda			10g. Citizen o	4 14 th a 4 Cause		
	W IT	ā	10e. Street and Number % John B. Parso	ns Home								itry /	
	eath 23	eral	300 Lemmon Hill	Lane 12. Was Decedant B	Ever le 11 C	12.1	2 180		anifu Van ar Na	US	A ace - Amaric	neo Indian	
21215-0020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show idical Examinat hos notified at	by Funeral	1 □ Navar Married 2 □ Married 3 ₩ Widowed 4 □ Divorced	Armed Forcas? 1 X Yas 2 N If Yas, Giva Yaar or Datas:	o WW I	T	f Yas, specify Cul	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	Rican, atc.)	Spec	ack, Whita,		
5-0	72 hours "natural",	Completed	15. Decedant's E	ducation	16	a. Deced	lant's Usual Occu	upation	ina	16b. Kind of	Business/Inc	dustry	
21		ple	Eiamantary/Secondary (0-12)	Collega (1-4or 5	+)	life. L	DO NOT use retin	a during most of work ed)	ang				
	or the	20	8	Ō,		Sa	lesman			Barber	Supp	lies	
pu	S S S S S S S S S S S S S S S S S S S	Be	17. Fathar's Nama (First, Middle, Last,					18. Mothar's Nam					
<u>y</u>	Ment Ment Price attic	0	Harvey Haden	Hastings	Sr.			Sula	Hester	Mumfo	ord		
Maryland	s 1 and 2 should be filed within f Health and Mentel Hygiene. Item 27 is marked other than other traumatic event, the Ma		19a. Informant's Name/Raiationship (• • • • • • • • • • • • • • • • • • • •				et and Number or Rui					
	and salth n.27		Ursula H. Towns	end/daught				side Dr.,	Extd.,	Salist	oury,	MD 21801	
ore	of He		20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □	Damousi from State	20b. Place cemet	of Dispo	sition (Name of natory or other pl	ace)	Data	20c. Location	- City or To	own, Slata	
Ĕ	Pag nent ant: h		4 □ Donation 5 □ Other (Specif	3 Li Hamovai from Stata			emorial Pa	rk 8	/26/96	Salis	bury,	MD	
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: If flem 27 is marked other than any Injury or other traumatic event, the Maconds.		22. Nama and Address of Facility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804										
	_		23a, Part1, Entar tha disease or com	plication, that caused	the death Do						ID 218		
	Dharalatan		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	ona cause on each iin	ia.	0 1101 0111	ur tria trioda or dy	ang, outer as our out	or respiratory a	Tradit,	1	Approximata Interval Between Onset and Death	
	Physician /Medical		Immediata Causa (Final			- 1.	. 4 /	7/		i			
1	Examiner		Immediata Causa (Final disassa or condition resulting in death) Dua to (of as a consequence of): Tachemic heart disease Y.										
		ē			Dua to (orCars	a conseq	uence of):	1 / .				3 week	
	ned Insit	듵		U			1	7 due	ore		i	Leon	
,	n end	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that inflated evants Dua to (or as a consequence of): Dua to (or as a consequence of):											
68760,	the death certificate be executed y the ettending physician end tched for use as the burlet-transit		Cause (Disease or injury that initiated events	c									
89	fication of phy as the	Medical	resulting in death) Last Dua to (or as a consequence of):										
Box	cent nding usa s			d				_					
m	ires that the death co signed by the ettend d be detached for us	Physician/	Dort II. Other elselflesst sonditions	anianth, along an abreat to		to Ab	- WORK AND CONTROLS	NESTE BOOK	ant but		1		
0	the d	hys	Part II. Other significant conditions of	ontributing to death bu	it not rasuting	in tha ur	noarrying causa g	IVan in Part I.	23b. Dia			o the cause of death?	
0	that hed b		COPD	Upper	6 T	Ble	ed 1	Repol	Yes 2 No 3 Probabl			bably 4 ☐ Unknown	
of Vital Records,	law requires es been sign 2 should be	d by		//)	inuff	24a, Was	an autopsy	24b. W	ara autopsy findings	
00	v require been si should	Completed							perfo	rmed?	CO	mpletion of cause	
Re	0 - 0	du.								-		death?	
ē	r: The licata he				_				10,	Yas No	1	Yas 2 No	
Ħ	Physician: The this certificata ral director, per	Be	25. Was casa rafarred to medical axaminar?	Hospitai:			_ 0	26. Place of Deal					
o	5 00	: To	1 ☐ Yas 2 No 27. Mannar of Death	28a. Data of Injur		Outpatien Tima of	I SLI DOA	4 Unursing ric	oma 5 Rasio			у)	
no	After fune	Certification:	Natural 5 ☐ Panding	(Month, Day	Year)	Injury	M 28c. Inju	ork? ☐Yas 2☐No	200. Dascribe	now injury occi	21160		
S	thend death the	Ica	3 Suicida 6 Could not b	e Oge Place of Ini.	m. At home	form oto			28f. Location (Street and Number or Rural Route Num			el Poute Number	
Division	i or Attendil after death. Director: A d in by the fu	The	4 ☐ Homicida datarmIned	building, ato	(Specify)	iarrii, stri	eat, ractory, omce	'	City or To	wn, State)	iber or Hore	ii riodie Namber,	
	pital ours oral filled		29a, Cartifiar 1 Sartifying Ph	usalalan. Ta sha haas	A t t d-	44							
	Hos 24 h Fun Heiy	edical	(Check only one) 2 Medical Exam	ysician: To the best onliner: On the basis of	axamination a	ga, daam ind/or inv	astigation, in my	opinion, daath occur	red at tha tima,	data and place	nannar as s e, and dua to	tated. tha cause(s)	
	To the Hospital or Attending Phi within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Mec	29b. Signature and title of pertifier	and manner sta	lat.		29c Licer	nsa number		29d. Data sign	ned (Month	Day Year)	
	F 3 F 8		17/11/1	41						_ /	6-	ouy, rodij	
	8,8		Jew J-	1			7	56576		5/23	126		
	J.A		30. Name and addrass of person who				Print)	6 5	0	-	<	5	
			KONALD	r. IRA	r's Signature Auction A	MI	> 36	O Ruce	uell,	PRIU	=, -	MISBURY	
	Sta	- 1	31. Data filed (Month, Day, Year)	32. Ragistra	irs Signature	ardal						MIS	
	Registr	ar	AUG 26 19	ما المال			-						

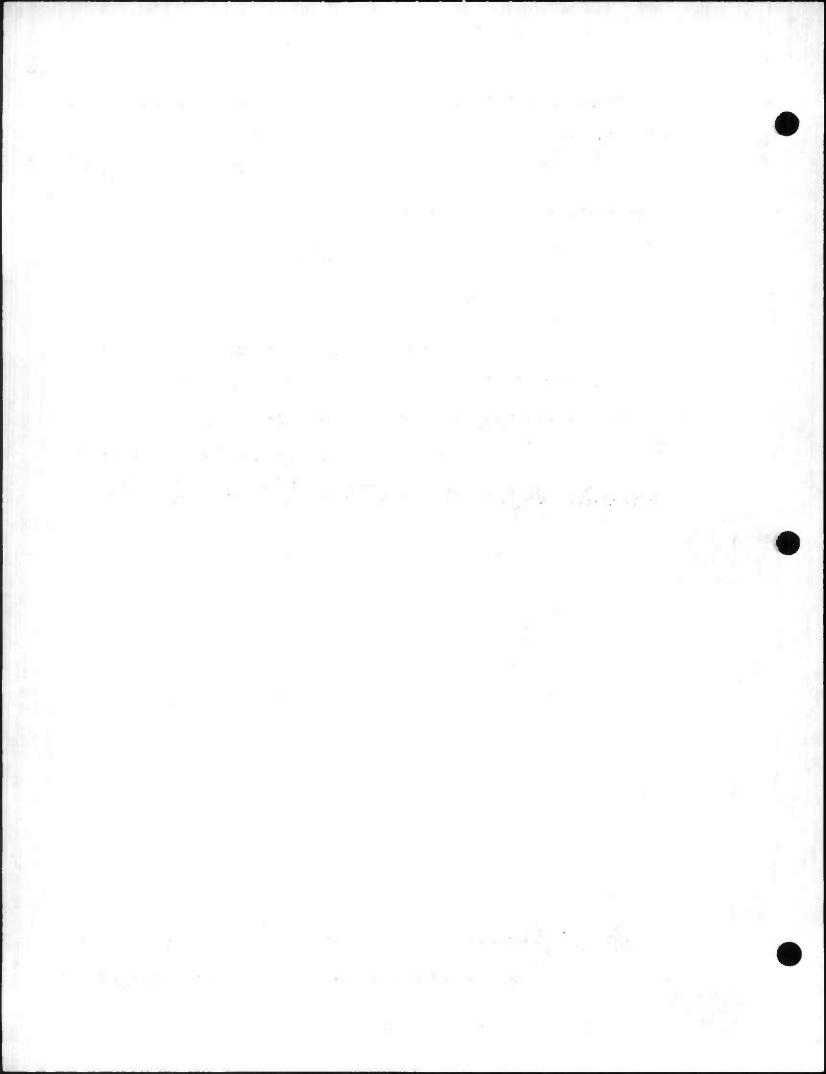
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27622

					001	lineate	. UI	Dealli	_		Reg. No.			
Physician /Medicai	1	1. Decedant's Name (First, Middle, La Thomas E	-	HARDING	, JR.					Sept.	1, ^{Da} 1996	Year	3. Time of Death 12:15 PM	
Examiner	-	ta. Facility Name (If not Institution, giv 6426 Quinn Road	e street and nu	mber)					wn, or Loo ericl	cation of Death		of Death leric		
Funeral Director		21, 20 0,,	ex XDM 2□F	7. Age (In yrs. I	lest birthday) Yrs.	If Under 1 Months	Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Birt Feb. O	19 32	9. Birth Mar	place (State or Foreig Yland	
28a-f show notified at	ľ	Usual Residence of Decedant 10a. State 10b. County Maryland Frederic	k		, Town or Lo								10d. Inside City Limit	
r items 23e or 28e-f s nost must be notified Funeral Director	2011	10e. Street and Number 6426 Quinn Road				10f. Zip (701			10g. Citizan of U.S.		ntry?	
,	2	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decadent Ever In U.S. Armed Forces? 1. Yes, Give Yes, Give Year or Dates: 1950–1954 13. Was Decadent of Hispanic Origin? (Spelf Yes, specify Cuban, Mexican, Puerto Forces) 14. Was Decadent of Hispanic Origin? (Spelf Yes, Specify Cuban, Mexican, Puerto Forces) 15. Was Decadent of Hispanic Origin? (Spelf Yes, Specify Cuban, Mexican, Puerto Forces) 16. Was Decadent of Hispanic Origin? (Spelf Yes, Specify Cuban, Mexican, Puerto Forces)							cify Yes or No- Rican, etc.)	14. Rad Bla Specif	ck, White,	can Indian, etc. ite		
3 -		וויאופופר	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired) Foreman/ Street Depart											
Mantal Hygiane. arked other than atic evant, the M To Be Comp	2	17. Fathar's Name (First, Middle, Last) Thomas Ed		HARDING,	SR.				er's Neme	(First, Middle, LaRue	Maiden Suman SMITH	ne)		
ls m		19a. Informant's Name/Relationship (1 Mrs. Mary Rebecca		ng, Wife							or, City or Town, Marylar			
nent of Health int: If Item 27 iry or other t	2	20a. Method of Disposition 2 Surial 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Specify		C6	lace of Dispo emetery, cren ky Hil	natory or off	er pla	ery S	ept.	Data 4, 199	6 Wood			
Department of Important: If II any Injury or one	21. Signature of Funarel Service Licensee 22. Name end Address of Facility Reeney and Basion									rd P.A. Funeral Home t., Frederick, Md. 21701				
by the attending physician and inject of use as the bunal-transit and carbod for use as the bunal-transit and by sician. Physician. Medical Examiner	1	Immediata Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last	a. META b	Due to (or	as a consequence as a c	uenca of): uenca of):	Non	uA or	F 73	HE LVI	Us		1 YEAR	
igned by the attendir be detached for usa by Physician/A		Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause g							tuse given in Part I. 23b. Did tobacco use contributs to the cause					
2 should	Jubieren 23									24a. Wes perfor	med?	sv of	Vere autopsy findings velleble prior to completion of cause deeth?	
certificata rector, pa	1	25. Was case referred to medical examiner?						26. Place	of Death	(Check only o	ne)		V	
this certific ral director,		1□ Yes 2No	Hospital: 1 🗆 I	Inpatient 2 🗆 I	ER/Outpatien	t 3 DOA	Oth	er: 4□ Nu	ırsing Hom	ne 5 Resid	enca 6 □Oth	er (Speci	fy)	
within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com	2	1/DNatural 5 Pending 1/DNatural 5 Pending 1/DACcident investigation	M 28	C. Injui Wor 1 □	yat rk? Yes 2□		8d. Describe h	ow Injury occur	red					
ins after death all Director: A led in by the f Certificati		3 ☐ Suicide 6 ☐ Could not be determined	building, atc. (Specify) 28a. Placa of Injury - At nome, farm, street, factory, office building, atc. (Specify)											
within 24 hours after death. To the Funeral Director: After completely filled in by the fune Medical Certification		29a. Cartifiar (Check only one) 2 Medical Exam	iner: On the ba	best of my know asis of axaminati ner stated.	viedga, daath ion and/or inv	estigation, I	n my o	pinion, daa	d place, a th occurre	d at the time, o	late and place,	and due t	o the cause(s)	
To the com	2	9b. Signatura and title of cartifier	Hon	nor				761			Sept.			
		O. Name and address of person who of Dr. Brian M. O'	Connor		1 West		nth	Stre	et, l	Frederi	ck, Mar	ry1an	d 21701	





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 27623 State of Maryland / Department of Health and Mental Hygiene Amended item #1 per F.D. Carroll Co 9/4/96 Certificate of Death 1. Decedent's Name (First, Middle, Last) Eva Elizabeth Hook 2. Date of Deeth **Physician** 30, 1996 4c. County of Deeth LOUST /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** Carroll County General Hospital

5. Social Security Number 6. Sex 7. Age (In yrs. Rest birthday) Carroll

9. Birthplace (Stete or Foreign Country) Westminster
Il Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) if Under 1 Year 5. Social Security Number **Funeral** 1□ M 2□ F Deys 217-12-1473 84 Director May 4,1912 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland Carroll Directo Westminster 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 109 ½ Pennsylvania items 23a 21157 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Year or Dates: Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 72 hours efter 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: Specify: White à 3 Widowed 4 □ Divorced "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) 6 Housewife Homemaker Alth and Mental Hv. 7 is ment 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked any Injury or other traumatic ev Herbert T. Shipley Cleedie Gibson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Warren L. Hook 1032 Gahle Rd. Westminster, Md. 21157 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 XBurlal 2 Cremation 3 Removal from Stete Deer Park Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 9/2/96 Smallwood, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Fletcher Funeral Home 254 East Main Street, Westminster, Md. 21157 23a. Parti. Enter the driease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heavy vilure. List only one cause on each line. Approximete Interval Between Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest bunel-tran ettending physician for use as the buriel Box 68760 Physician/Medical the P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the Records, ģ 24b. Were autopsy findings evellable prior to completion of ceuse of death? Completed 24a. Was an eutopsy performed? has certificate 1 Yes 2 No 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director; 25. Was cese referred to medicel examiner? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth Date of Injury (Month, Dey Year) 28b. Time of injury 28c. Injury at Work? Certification: 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

Division of Vital

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide The Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. (Check only

29c. License number

Registrar

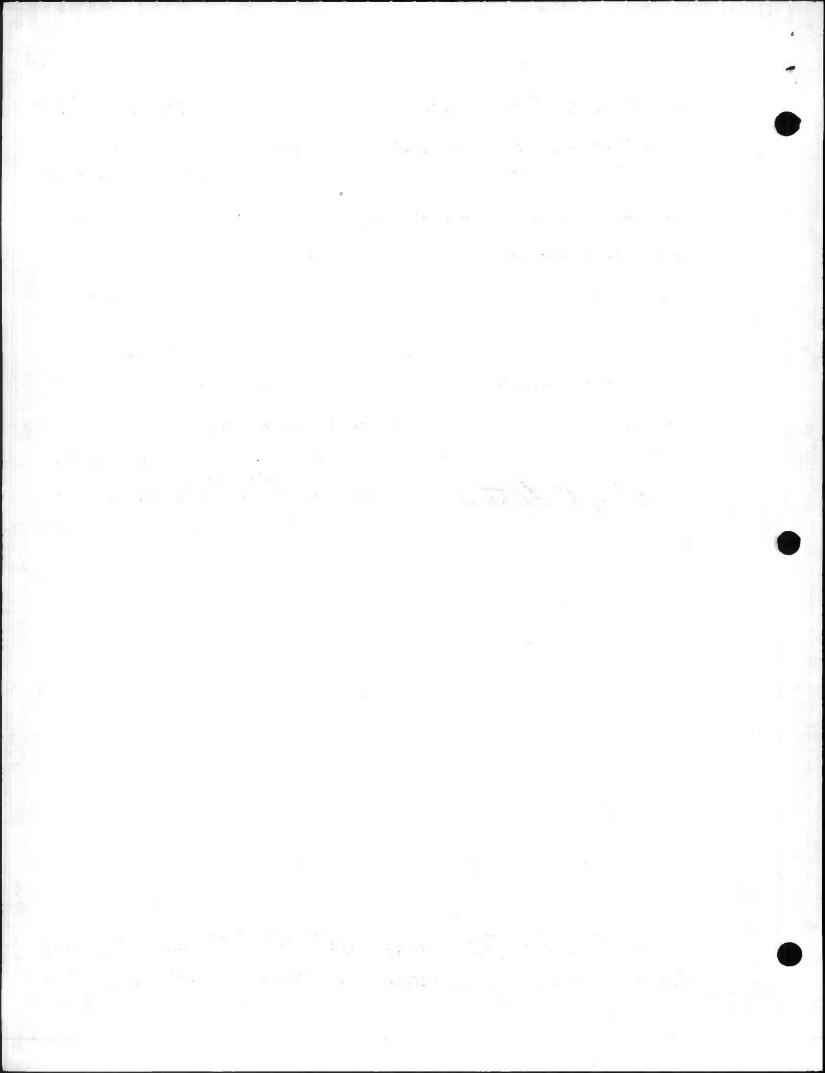
Medical

29b. Signature and title of certifier

use of death (Item 23e) (Type, Print) 200 MEMORIAL AVENUE WESTMINSTER MANYC 32. Registrary Signature 31. Date filed (Month, Dey, Year) SEP 03 1996

29d. Date signed (Month, Dey, Year)

28221 AUGUST 30,



State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death		R	Reg. No.		tree of Co	/ has -8
Dhu		1. Decedent's Name (First, Middle, i	ast)						ete of Dee	th	Verr	3. Time of	Deeth
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Funeral Director		217-10-4082	Sex 7. 1 X M 2 □ F	Age (In yrs. lest bi	irthdey) Yrs.	if Under 1 Yea Months Deys		Min. (A	pate of Birth Month, Dey Apr 3	0, 1913	9. Birthpl Count		or Foreign
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9 9	To B	Charles E. Ho	wdyshell				Anna	M (Chamb	erlain)			
7 la marked traumatic e	-	19e. Informent's Neme/Relationship		19	b. Meilin	g Address (Stree				-	Stete. Zin	Code)	-
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ysician		23a. Part Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shown or heart feilure. List only one cause on each line. Approximate intervei Between Onset and Deeth											
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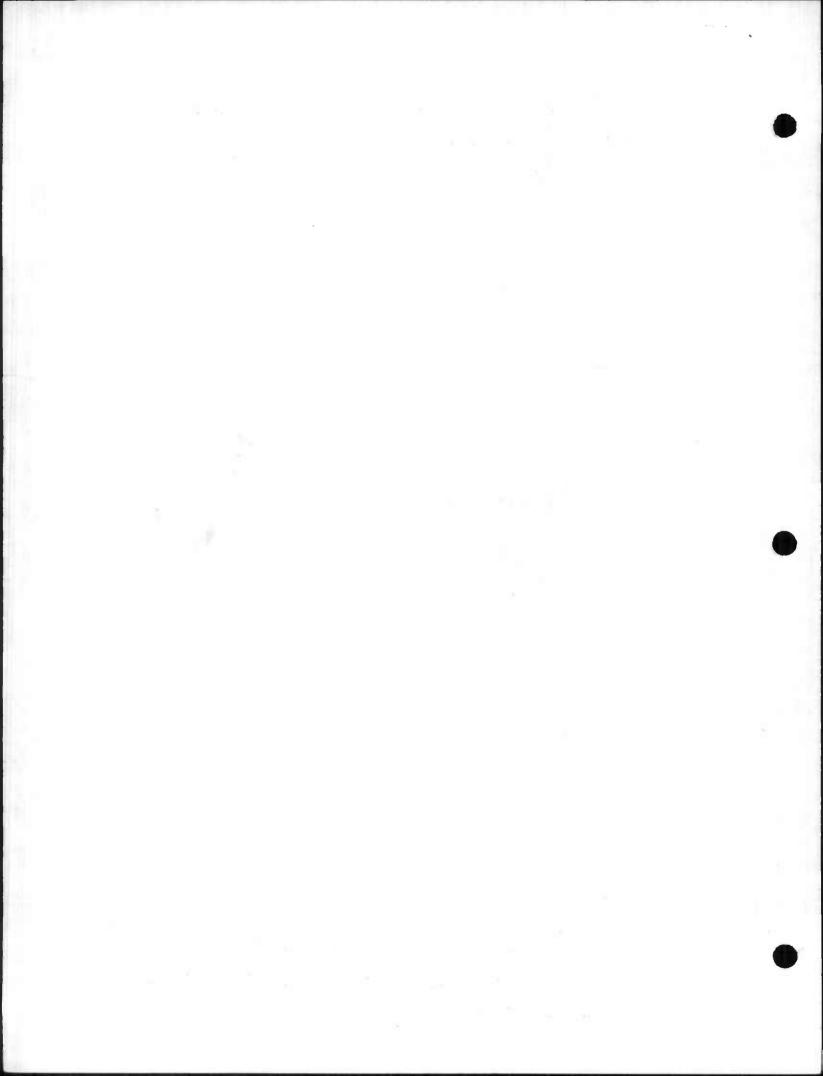
State of Maryland / Department of Health and Mental Hygiene 27625

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Physician // Modical Examiner To go and the second of the	Ball	Depart Import any Inj pnce.		21. Signature of Funeral Service Lice	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	22.	Neme end Addre	ess of Fecility Con	nmunity	Mortuar	У		
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Sease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Seavertleshy list conditions: Seavertleshy list conditions: Seavertleshy list conditions: Seavertleshy list conditions: Seavertleshy list conditions: Seavertleshy list conditions: Cause (Decessor in liny) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 Did tobacco use contribute to the care in liny performed? 24e. Was an autopay performed? 24e. Was an autopay performed? 24e. Was an autopay performed? 1 Yes 2 Did 25. Wes case referred to medical axaminer? 1 Yes 2 Did 26. December of the line in l		/Medical Examiner		shock, or near tellule. List only	One couse on each) ^		1				1	Interval Between Onset and Death	
Due to (or as a consequence of) Sequentially list conditions, draw, feeding to immediate clause. Enter Underlying clause given in Pert I. Due to (or as a consequence of): d. Due to				disease or condition										
Ceuse (Diseases or influry) The part of the search of the composition of the composition of death) Last Due to (or es e consequence of): Ceuse (Diseases or influry) The part of the composition of death) Last Due to (or es e consequence of): Ceuse (Diseases or influry) The part of the composition of death) Last Due to (or es e consequence of): Ceuse (Diseases or influry) The part of the composition of death) Last Due to (or es e consequence of): Ceuse (Diseases or influry) The part of the composition of death) Last Due to (or es e consequence of): Ceuse (Diseases or influry) The part of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse (Diseases or influry) The part of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse (Diseases or influry) The part of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death but not resulting in the underlying cause given in Pert I. Ceuse of the composition of death line of the cause of death line of the cause of the composition of death line of the cause of the composition of death line of the cause of the composition of death line of the cause of the composition of death line of t			ner	Dua to (or as a consequence of);										
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30. Name and address of person who completed cause of death (Kain 23eV(Type) Print) 2 UVVI (UI), MO	œ	The sate h	Con							101	res 2000	1□	Yas 2□ No	
30. Name and address of person who completed cause of death (Kain 23eV(Type) Print) 2 UVVI (UI), MO	Vita	clan: ertific ector,			Heeritel.					(Check only o	na)			
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30. Name and address of person who completed cause of death (Kain 23eV(Type) Print) 2 UVVI (UI), MO	CO	ding h. After fune	tion	1 DNetural 5 □ Pending		y Year)				200. Describe i	low injury occur	60		
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(629 5. Dolfreld Rd Owner Pulls, Mi		To the comp	M	29b. Signeture end title of cartifier	ul/		M	29c. Licens	se number		29d. Date signed	(Month, I	Day, Year)	
State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature		18		30. Neme and address of person who	completed cause of c	leath (Kam 23e)	Type P	rino 20	Dow	Po N	ulls	M	D	
State		Sta	te			-	4	, 00	V -	A	1		*	
Registrar SEP1 6 1996 July Showless Reveal		Registr	ar	SEP1 6 199	6 full de	weles Re	dall							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68/60.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit and page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	- DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
		Mabel F. Jan	nes			MONTH	2, 19	O6 YEAR	6:30 p m
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR					
	236-20-9063	1 🗆 M 2 🕅 F	00	MONTHS DAYS		7. DATE OF BI (Month, Day)	3, 1905	8. BIRT	HPLACE (State or Foreign try)
			90 YAS.			Oct. 3	, 1905	Wes	t Virginia
	9a. FACILITY NAME (If not institution, give s			96. CITY, TOWN	OR LOCATION OF D	EATH	9c. (COUNTY OF	
DIRECTOR	Moran Manor Nursi	ng Home		Wester	nport		A	11ega	ny
1 5	RESIDENCE OF DECEDENT								-
Ш	10a. STATE 10b. COUNT	1	10c. CIT	Y, TOWN OR LOC	ATION				10d, INSIDE CITY
15	Maryland Alle	gany	We	sternpo	rt				LIMITS?
	10e. STREET AND NUMBER								1 TYES 2 NO
¥.		CTLT		1	01. ZIP CODE 21562		10g.		WHAT COUNTRY?
i iii	25701 Shady Lane	, SW			ZT202			U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Sp.	cify Yes or No	- 14, RAC	E - American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, Maxico		etc.)		ck, White, etc.
B	3 X Widowed 4 Divorced				S 2 M NO Specii	у.		Spec	White
0.	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S	HSHAL OCCUPA	ION	Ter Vale	OF BUSINESS	***************************************	WILLOC
I E	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during a	nost of working	100, KHAL	OF BUSINESS	MDUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	1				TT		
g \ \(\frac{1}{2}\)	Unknown		Homema	.ker			own Hon	ie	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S NA				
BE	Maurice Andrew	Wilt			Minni	e V. As	shenfe1	ter	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL INC	ADDRESS (Street	and Number or Rural	Bouts Number Cit	or Tour Photo	7ln (0-d-1	
2	Robert B. Cave		1603	Terrace	Dr., Wes	tminste	er. MD	21157	
B						CINITIBOO	-1 / 110	21101	
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Rem		b. PLACE AND DATE		Vame of	OATE	20c. LOCATION	- City or T	own, State
	4 Donation 5 Other (Specify)	C	ueens Po:	int Ceme	etery 9/	5/96	Keyse	r. Wes	st Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME	ANO ADDRESS OF FA	CHITY			, , , , , , , , , , , , , , , , , , ,
TO BE COM	■ // ().	10 1		Mark	rood McKer	nzie Fu	neral 1	Home	
5	Harold Ne	un lota	unger)	111 8	. Minerra	al Stre	et, Ker	vser.	WV 26726
36	23. PART I. Enter the diseases, or o	complications that ceus	ed the death. Do	not entar the m	oda of dylng, suc	h ss cardiac d	r reapiratory	srreat.	Approximata
	snock, or neart failure.	List only one cause on	aach iina.					ALTA PARTY	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition		1	0	1				Onset and Death
	resulting in death)		ormine	2451	hy Homes				2 Lanny
200									
z		0	esto 1	MARCO	in D3	Inter.	time		3 home
일	Sequentisity list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):		9-12	1100		
1	cause. Enter UNDERLYING		Par 1000 hr	and	and Do				104/11
	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	1	219	cage			1000
	resulting in death) LAST			,					j
CERTIFICATION		d							
	PART II. Other significant condition	s contributing to death	but not resulting	n the underly	no cause given in	Part I 24a	WAS AN AUTOP	ev lan	b. WERE AUTOPSY FINDINGS
EDICAL							PERFORMED?	31 240	AVAILABLE PRIOR TO
	- Neve	ganic Bi	u precas	1		1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
		agnic Bi	rain Sy	n drome					1 YES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	OF DEATH YE	S NO		V 1821		1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA			-			
2	EXAMINER?	HOSPITAL:		OTHER:					
X S	1 TES 2 NO	1 Inpetient 2 ER/Ou		Nursing Ho	me 5 🗆 Residence	6 Cother (Spec	offy)		
티표	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)			JURY AT	28d. DESCRIBE	HOW INJURY	OCCUREO	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	2 Deviates	28e. PLACE OF INJUR	IY At home, ferm,	street, factory, off	ca	261. LOCATION	(Street and Nor	ther or Rural	Boute Number
	4 Homicide determined	building, atc. (Sp.	ectly)			City or Town		iou or ribrar	riodio rvaribei,
COMPLETED	no organiza								
2	29a. CERTIFIER Check only	CIAN: To the beat of my know	wledge, death occurr	d at the time, da	and place, and due	to the cause(a)	end menner as	stated.	
∑ I		R: On the basis of examinati							a) and manner as stated.
-	29b. SIGNATURE AND TITLE OF CERTIFIER								
BE	250. SIGNATURE AND TITLE UP CERTIFIER				29c. LICENSE NUI		29d.	DATE SIGNE	(Month, Day, Year)
		(and			3212	44		2 9	7/3/96
=	30. NAME AND ADDRESS OF PERSON WHO								
	Dr. Jesus H. Tan	, M.D. Frost	burg Pla	za, Fros	stburg, M	aryland	21532		
	31. DATE FILED (Month, Day, Year)			-					
	0 mm 0 4 100C	32 REGISTRAR'S, SIG	W. Rox J. II						
	(CEI) It of Labour								

1.1.1

				of Ma	iryland / I				Health and Death	Mental H		ne :	10	27628
Physic	ian	Decedant's Name (First, Middle								2. Date of E Month		Dev	Year	3. Tima of Death
/Medi		LUCRETIA		R.		JE	NKINS	5		SEPT	EPT. 4,1996 Year		6	12:15 PM
Exami	ner	4a. Fecility Name (If not institution	, give street end no	umber)					4b. City, Town, o	r Location of De	ath	4c. County	of Death	
		711 ELIZABET		T					EASTON				LBO'	r
Funeral		5. Social Security Number	6. Sex 1 □ M 2 CXF		(In yrs. lest bi		If Under 1 Months	Yeer Days		n. (Month, I	(Month, Day, Year)			place (State or Foreig
Director		211-20-6158		68		Yrs.				MAR.12, 1928WAS				SHINGTON,
and *		Usuel Residence of Decedent 10e. State 10b. County			10c. City, Tow	n or Lo	cation							10d. Inside City Limits
r 28a-f show	٥		ALBOT			AST								XIXYes 2 □ No
8	ect	10e. Street and Number					10f. Zip (ode			100	. Citizen of \	Albert Co.	
23a or	ā	711 ELIZABET	u cm				Ton Lip		1601		109			ингуг
nous after oeall will the maryland ture!', or frems 23a or 28a-f show al Examiner must be notified at	Funeral Director	11. Merital Status	12. Wes Dec	cedent F	ver in U.S.	13 V	Vas Decede			Specify Ves or I	V-	US 14 Bec		ican Indian,
items frac m	돌	1 Never Merried 2 Marri	Armed F	orces?		If	Yes, specif	Cut	Hispanic Origin? ban, Mexican, Pue	rto Rican, etc.)	10-		ck, White	
9.5	by	3 ₩ Widowed 4 Divorced	If Yes, G Yeer or I	ive		1	□ Yes 2ੈ	- Wo	Specify:			Specif	v: WI	HITE
in the	8	15. Decedent	's Education		16a	. Deced	lent's Usual	Осси	pation		16	b. Kind of B	usiness/îi	ndustry
than "nat	Completed	(Specify only highes Elementary/Secondary (0-12)	t grade completed, College (L)	(Give I	kind of work OO NOT use	done retire	pation during most of w ed)	orking				
e de	E O	12	Conlege	(1 401 31	'	H	OMEMA	KE	ER			OWN	HOM	Ξ
other vent,	Be	17. Father's Name (First, Middle,	Last)						18. Mother's N	eme (First, Midd	lle, Ma	iden Suman	ne)	
Vent rked	10	LINFORD FITC	H RUTH	[, J	R.				ALIC	E PEAC	OCI	ζ		
and m		19a. Informant's Neme/Relations	nlp (Type, Print)		198	. Mallin	g Address (Stree	nt and Number or I	Rural Route Nun	nber, C	Ity or Town,	State, Z	ip Code)
hysician /Medical xaminer	Iner	Immediata Cause (Final disease or condition resulting in death)	Arte	rios	Due to (or as a	conseq	uence of):	2	diovaso	ular.	0	ilas	2	Short and Death
hysician and he bunal-transit	cal Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c		Due to (or as a									
nding phy use es th	Physician/Medi	resulting in deeth) Last	d		00 10 (01 20 21	oonsoqe	301100 017.							
e atten	licia	Part II. Other eignificant condition	ne contributing to d	leath hirt	t not resulting l	n the un	darlying car	ise di	iven in Part I	23h Di	d tobe	CCO Hee CO	ntribute s	to the cause of deati
를 수 다	by Phys											2 □ No		bably 4 Unknow
ate has been signed b page 2 should be deta	Completed b									24a. Wa	as an a rforme	iutopsy d?	8	Vara autopsy findings veilable prior to ompletion of cause if death?
is certificate has director, page 2	No.									10	Yes	2/2 No	1	☐ Yes 2☐ No
ctor,	Be	25. Was case referred to medical examiner?							26. Placa of D	eath (Check only	y one)			
this ce al dire	To	1 AYes 2 No	Hospital:	Inpatien	t 2 ER/Ou	utpatient	3□ DOA	Ot	thar: 4 Nursing	Home 5 Re	sidend	e 6 Oth	er (Speci	(fy)
Te L		27. Manner of Death 1 Watural 5 □ Pending	28e. Dete	of Injury		Time of	28	. Inju	ury et ork?	28d. Describ	e how	injury occur	red	
or death. octor: After by the fune	atic	2 Accident Investig	ation	/		77	М		Yes 2 □ No					
rs after death. No Director: After to in by the funer.	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 200. Place	e of Injur ling, etc.	ry - At home, fa (Specify)	ırm, stre	eet, factory,	office		28f. Location City or T			er or Rui	ral Route Number,
within 24 hours after death. To the Funeral Director: All completely filled in by the fu	edical (Phyelcian: To the examiner: On the b		examination an									
	2	29b. Signature and title of certifier					29c	Icen	se number		29d	Date signe	d (Month	Day Year)

State Registrar

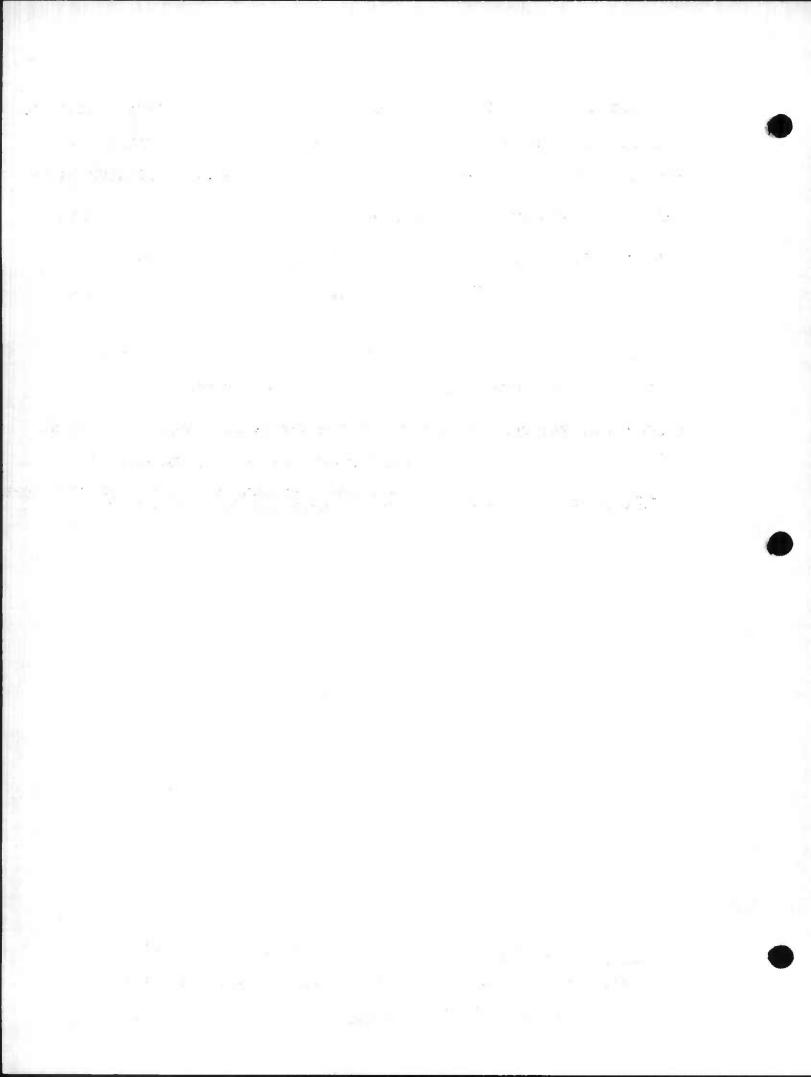
31. Date filed (Month, Day, Year)

L. THOMAS DIVILIO, M.D., 404 MARVEL COURT, EASTON, MD 21601

SEP 0 6 1996

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

32. Registrar's Signature



68760	
BOX	
P.0.	
RECORDS,	
VITAL	
9	
DIVISION	

I HE FUNEAL DIFFCUE: After this centricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. FIPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFI	CALE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH
	Lucy E. Jones			47 YEAR 25.1996	
	SOCIAL SECURITY NUMBER 19-07-62 82 1 M 2 X F 7-4 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIF	ITHPLACE (State or Foreign intry)
	Se. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF I	EATH	9c. COUNTY OF	DEATH
DIRECTOR	Deer's Head Center	Salisbury		Wicom	
EC	10e. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
L DIF	Ma WILOMILO 5	2/158WX			1 YES 2 NO
FUNERAL	28658 Ocean Gatew	1) 215 CODE 2 13	701	10g. CITIZEN OF	F WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. RMED FORCES? 1 YES NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	Bi	CE — American Indian, ack, White, etc.
					13/ICK
	(Specify only highest grade completed) (Give kind of wo	SUAL OCCUPATION ork done during most of working	16b, KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Reportion	n Jest	2000	
	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
TO BE	19e. INFORMANT'S NAME (Type/Print)	ADDRESS (Street end Number or Rural	Route Number, City or Town	n, State, Zip Code)	12/0
	20e METHOD OF DISPOSITION Suriel 2 Cremation 3 Removal from State 20b. PLACE AND DATEOR Confeded Symptoms of the confedent Symptoms of the confede	DISPOSITION (Name of	JUZUNY)	CATION - City or	Down State
	Buriel 2 Cremation 3 Removal from State Correled Frentary of f. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Even Com	8/31 WA	The Us	ven, Md.
	Mussel	22. NAME AND ADDRESS OF F	FKNEY /SIVO. M.	1 Hom!	1. p. o. Bax
	23. PART I. Enter the diseases, or complicatione that caused the death. Do no shock, or heart failure. List only one cause on each line.	t anter the mode of dying, aud	th sa cardiac or reapl	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Finel				Interval Between Onset and Death
	resulting in death) a. Sepsis due to gain	ngrene left 1	ower ext	remitv	1 week
	OUE TO (OR AS A CONSEQUENCE OF)				
CERTIFICATION	b. Peripheral vascu. Bue to (or as a consequence of)	lar insuffici	ency		years
AT	cause. Enter UNDERLYING Diabetes Mellitus				years
Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):				Tears
ERI	resulting in death) LAST				
	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause alone in	Pert I. 24a, WAS AN		
EDICAL	End Stage Renal Disease	the undarrying cause given in	PERFOR	MED?	AVAILABLE PRIOR TO
			1 TYES 2	™ NO	OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	D NO E UNCERTAL			1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH 123	- 25	N L L		
PHYSICIAN:	EXAMINER? HOSPITAL:	OTHER:	4 D 00 00 00		
Ξ	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME		28d. DESCRIBE HOW IN	JURY OCCURED	
ВУР	1X Netural 5 Pending (Month, Dey, Year) INJUI	WORK? M 1 YES 2 NO			
	2 Accident investigation 3 Suicide 8 Could not be 28e PLACE OF INJURY — At home, tarm, str building, etc. (Specify)	eet, factory, office	281. LOCATION (Street a	nd Number or Rura	l Route Number,
COMPLETED	4 Homicide determined		City or Town, State)		
PL	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred				
Š	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,	In my opinion, death occured at the	time, date end place, and	d due to the cause	e(a) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	WBER	29d. DATE SIGNE	ED (Month, Day, Year)
	Vugura A Dulany Me CM I	11133000		D 8/2	-6196
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F				
	Virginia A Dulany M.D.P.O.Box 2 31. DATE FILEO (Month, Day, Wear) AUL 2 8 1996 June d'author hardell	2018, Salisbur	y,Md 2180	2-2018	3
	31. DATE FILEO (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE				
	AUG 2 8 1996 Jun d'involver hardelle				

= n. Ko., - Factor - 1

State of Maryland / Department of Health and Mental Hygiene 27630 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Year PAULINE Μ. September 1, 1996 KITZMILLER 2:30 pm /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death Cumberland

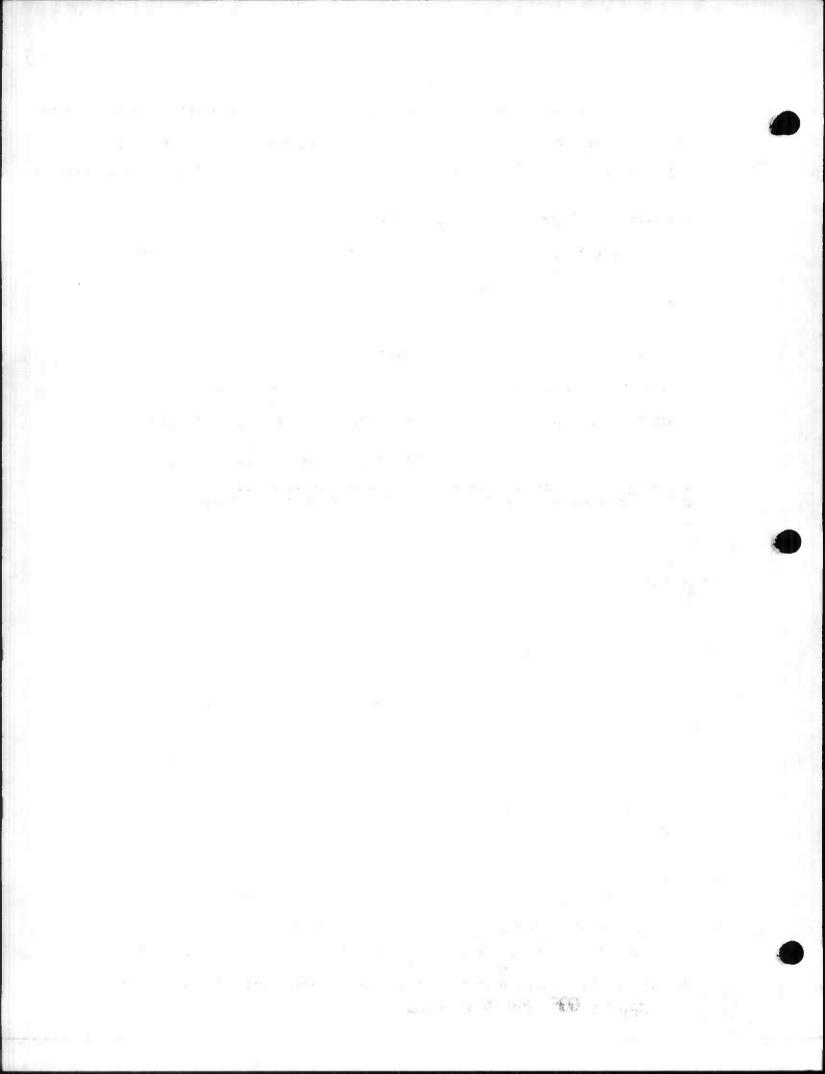
If Under 24 Hrs. 8. Date of Birth

Hours Min. Nov. 23, 1912 Memorial Hospital Allegany 5. Social Security Number if Under 1 Year 9. Birthplece (State or Foreign Country) West Virginia 7. Age (In yrs. last birthday) **Funeral** Months 1 □ M 2 10 F Days 83 Yrs. Director 220-10-7747 Usual Residence of Decedent Peges 1 and 2 should be liled within 72 hours after death with the Maryland nent of Haalth end Mentel Hygiene.
int: If Item 27 is marked other than "natural; or items 23e or 28s-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show Director 1 ☐ Yes 2 No Maryland Allegany Rawlings 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Rt. 3, Box 22-C 21557 USA Funeral 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Yes 2XXNo If Yes, Give 1 Never Married 2 Married 21215-0020 1 ☐ Yes 🏖 ☐ No Specify: þ Specify: 3XWidowed 4 □ Divorced White the Medical Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 Homemaker Own Home other traumatic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be William F. Junkins Victoria S. Rush 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Department of Health e Important: If item 27 Is any Injury or other tracents. John R. Kitzmiller Rt. 3, Box 22-C Rawlings, MD 21557 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Sept.4 Potomac Memorial Gardens 4 ☐ Donation 5 ☐ Other (Specify) 1996 Keyser, WV 21. Signature of Funeral Service License 22. Name and Address of Facility Rotruck-Smith Funeral Home 85 S. Main Street Keyser, 0 Tran 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset end Death **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Septic shock 24 hours Examiner Due to (or as a consequence of): Examiner Intestinal obstruction l week The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieled events resulting in death) Last pue for usa as the burial-trar Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, ed by the attanding physician detached for usa as the buria Adhesions 20 years Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detach 12 Yes 2 No 3 Probably 4 Unknown Chronic obstructive pulmonary disease, acute renal by 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? insufficiency certificate hes 210 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Certification: To 1 Yes 2 No Months and the state of the st Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Manner of Death 28e. Date of Injury (Month, Dey Year) After t 28b. Time of 28c. tnjury et Work? 28d. Describe how Injury occurred 5 Pending Investigation death. 1 Yes 2 No To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A 2 Accident 6 Could not be 3 ☐ Sulcide 2 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) end manner as atated.

| Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifle Medical pletaly (Check only 29b. Signature and title of certifile 29c. License number 29d. Date signed (Month, Day, Year) D 14393 1996 Sept. 30. Name and address of person who completed cause of death (Item 23a) Type Print) F. Miltenberger, Johnson Heights Medical Bldg., Cumberland, MD effled (Month, Day, Year) 12, Registrar's Signature
SFP 0 5 1835 31. Date filed (Month, Day, Year) 36

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State Registrar



Physic /Medi	ian cal	1.	Decedent's Nem	e (First, Middle), E J If not institution, g	OSHUA		KIGHT	rtificate of			2. Date of De Month SEPTEM	BER De	1, 19	ear 996	3. Time of Deeth
Exami	ner	40	Sacred He	art Hospita	ive street and n	numoerj			4b. City, 10		nberland		c. County of I	Alleg	any
Funeral Director			Sociel Security N 220-10-7	315	Sex 1 M 2 □ F	7. Age (In y)	rs. last birthday, Yrs.	Months Dey		24 Hrs. Min.	8. Dete of Bir (Month, Da 02-1	th ay, Year) Nov-2	9. 20	Birthpla Countr Wes	ace (State or Foreig Y) Virginia
28a-f show notified at	ctor	10	a. Stete Maryland	10b. County	legany	10c. (City, Town or L Fro	ocation ostburg						10	d. Inside City Limits
3a or 28	I Director	10	e. Street end Nu	mber 76 Vic	toria Lan	е		10f. Zip Code	21532-				tizen of Wha	at Countr	y?
nd Mental Hygiene. marked other than "natural", or Items 23a or 28a-f show umstic event, the Medical Examinat must be notified at	by Funeral	11.	Marital Status 1 Never Marr 3 Widowed	ied Ž∏ Married	Anghed F	ecedent Ever in Forces? 3 2 No 3ive Dates: WWI		Was Decedent of if Yes, specify Cu			ecify Yes or No Rican, etc.)	>	14. Reca - / Biack, V Specify:	America White, et	tc.
"natural",	eted		(Spec	15. Decedent's cify only highest of	Education		16e. Dece	edent's Usual Occu a kind of work done DO NOT use retir	upation e <i>during</i> mos	t of work	ing	16b. K	(ind of Busin	ness/Indu	ustry
ntal Hygiene. Id other than event, the Me	dwo		Elementery/Seco	ondary (0-12)	Coilege 2	(1-4or 5+)	Qual	ity Control	Inspect	or		Te	extiles		
Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Mance.	To Be Completed	1	Fether's Neme Casper E.	(First, Middle, La Kight	st)					ira Fr	e (First, Middle ye	, Maiden	n Sumame)		
Health and sem 27 is me other traum			virginial E	eme/Relationship Kight	(Type, Print) Wife		19b. Meiii 76 V	ing Address <i>(Stree</i> 'ictoria Lan	et and Numbe	er or Rur Fros	al Route Numb tiburg	er, City o	or Town, Ste Marylo	ete, Zip C and	21532-
nent of He ant: If Item ury or oth		20		position Cremetion 3 5 Other (Spec			cemetery, cre	osition (Name of matory or other place's Parish C		1	9/4/96		ocation - City ostburg	y or Tow	m, Stete
Departr Imports any Inje		21	. Signeture of Fu	neral Service Lic	ensee III	1		2. Neme end Add				Fund	Marian A	AD 2	1532
nysician Medical xaminer		Im	mediete Cause ((Finei	mplications thet y one cause on	t caused the de		ter the mode of dy					Wrye		Approximete Interval Between Onset end Death
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State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificat	te of	Death)		Reg. No.		
			1. Decedant's Nama (First, Midd	la, Last)							2. Data of De	ath		3. Tima of Death
	Physic /Medi		Jack	Edward		Ker	nney				Augus1	Day	1996	11:25 P.M.
	Exami		4a. Facility Nama (If not institutio	n, giva streat and number	9r)				4b. City, To	own, or L	ocation of Deat		ounty of Death	
				albot St.					St.	Micl	naels		albot	
	Funeral Director		5. Social Security Number 296-12-9705 Usual Rasidence of Dacedant	6. Sax 7. 1 M 2 □ F	Aga (In yrs. last	birthday) Yrs.	If Unda Months	Days	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da Aug. 15	, 1921	9. Birth Cou Oh 1 C	placa (Stata or Foraign intry)
	hend wo		10a. Stata 10b. County	,	10c. City, To	own or Lo	ocation							10d. Insida City Limits
	the Mary 28a-f sh notified	Director	Maryland Talb	ot	St. I	Mich	aels	n Code				10g Citiza	n of What Cou	Yas 2 No
	as or		505 S. Tal	bot St.			- 10	21663	3				S.A.	may r
0:	ges 1 end 2 should be filed within 72 hours after death with the Maryland it of Health end Mental Hygiane. If item 27 is marked other than "patural; or items 23s or 28s-f show or other traumatic event, if a Medical Examiner must be notified at	Funeral	11. Marital Status 1 ☐ Navar Married 2 🛣 Mar	12. Was Deceda Armed Forca	§?		If Yas, spe	cify Cuba	lispanic Or an, Maxica Specify	n, Puarto	ecify Yas or No Rican, atc.)	- 14.	Race - Amari Black, Whita	
21215-0020	ural',	d by	3 Widowed 4 Divorced	Yaar or Data							_	St	pecify: V	WIII CC
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112	withli than	ошо	Elamantary/Secondary (0-12)	College (1-4c) (+)		untar		2)			Amer	ican C	vanimid
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lar	Aenta Aenta rked tic ev	To B	Auste C.	Kenney					1	Audro	ey Eliz	abeth	Fowler	
Maryland	nd 2 should be filed within 72 hours lith end Mental Hygiane. 27 is marked other than *natural', r traumatic event, the Medical Exp		19e. Informant's Neme/Reletions Dorothy A. Ke								al Routa Numb aels, M			
Baltimore,	permit. Pages 1 end 2 Department of Health e Important: if frem 27 is any injury or other tra once.		20a. Method of Disposition		20b. Placa	of Dispo	sition (Nem	ma of	201		Data	20c. Loca	tlon - City or T	own, Stata
E	Page net c nt: If iry or		1 X Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S		ta		emete			t. 3	, 1996	Marie	etta, C	Ohio
at	permit. Departri Importa any inju		21. Signature of Funeral Service	Licensee		22	2. Nama ar	nd Addra	ss of Facili	ty				
m	88 2 2 8		Namen	EL	maid	Ha	rrisc	n E.	Leo	nard	Funera	l Home	e ole M	D. 21663
	-		23a. Part1. Entar tha disaasa, or shock, or haart fallura. List	complications that caus	sed tha daath. D	o not ant	ar tha mod	da of dyln	ng, such as	cardiac	or raspiratory a	rrast,	cis, iva	Approximata Interval Batween
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1	/Medical Examiner		Immediate Causa (Finel disaasa or condition rasulting in death)	e. Ps	LTUN	mag		50	1217	A			1	3 DAYS
п		-	rasulting in death)		Dua to (or as RIAL	a consec	quence of):			.~	1			7-11000
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68760,	ysicia	cal	Cause (Disaasa or Injury that Initiated avents	c	Dua to (or as	-								2/11115
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Bo	death ce e ettend ed for us	lan/		d										
0	0 0 2	Physician	Part II. Other significant condition	ons contributing to death	but not rasulting	j in tha u	ndarlying o	ausa giv	en In Part	l.	23b. Dld	tobacco us	e contribute t	to the cause of death?
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Records,	requires been sign should be	Completed by										an autopsy rmad?	a) Co	Vara autopsy findings vallabla prior to empletion of cause
Re	The lew eta hes b paga 2 s	фщс									400	Yas 2001		f daeth?
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Ž	Physician: this certific rai director,	To B	exeminar? 1 ☐ Yes 2 ☐ No	Hospitel:	itiant 2 ER/0	Outpatlan	nt 3 DC	OA Oth	or.	ursing Ho	1		Othar (Speci	(fv)
n of	D 00		27. Mannar of Deeth SNatural 5 ☐ Pandin	28a. Data of Ir	njury 28b De <i>y Year</i>)	Tima of	f 2	28c. Injun			28d. Dascribe			
Sio	Attending or death.	catic	2 Accidant Invasti	gation		,,	М		Yas 2□	No			1974	
Division	al or Att	Certification:	3 ☐ Suicida 8 ☐ Could datarm	ined 28a. Place of I	Injury - At homa, atc. (Specify)	farm, str	eat, factor	y, office			28f. Location (: City or To	Street and N wn, Steta)	lumber or Rur	ral Routa Number,
	To the Hospital or Attendin, within 24 hours after death. To pr. Funeral Director: Attended in by the funeral bit of the funer	edicai (29a. Cartifiar (Check only one) 12 Cartifyin 2 Madicat	g Phyalcian: To the bes Examiner: On the basis and mannar	of axamination a	ga, daath and/or Inv	occurred vastigation	at tha tin	na, data er pinion, dae	nd place, oth occurr	and dua to tha red at tha tima,	causa(s) an data and pl	d mannar as a ace, and dua l	stated. to tha cause(s)
	THE PERSON	*	29b. Signatura and titla of certifia	. 12			290	c. Licans	a number			29d. Data s	igned (Month,	Day, Year)
	W		P C/	W. Pau	~ 11°	D.		00	0 2	50		8	31/9	6.
	, /		30. Name and addrass of person	who completed causa of				5	1_		0 1	7	1/ . 1	
		10	31. Dete filed (Month, Day, Year)	22 Basis	trar's Signatura	ee t	-	-0	216	1	16	L	1001	,
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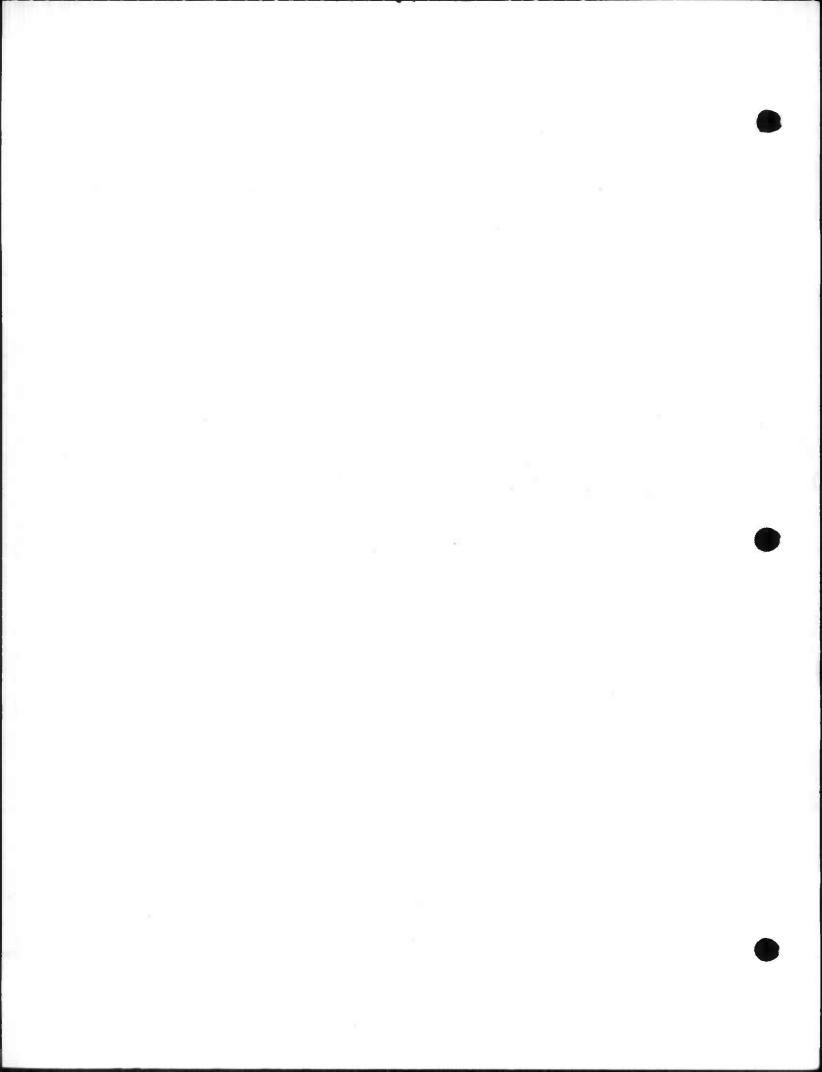
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 0	HARVEY LEROY	KAUFFMAN				Aug. 30	1996	2:50 p.m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	220-09-8286	1 M M 2 □ F 8 C	YRS.	MONTHS DAYS	HOURS MIN.	Apr. 24, 1	916 Ma	ryland
_]	9e. FACILITY NAME (If not institution, give s	street end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	Citizen's Nurs	sing Home		Frede	rick, MI)	Fred	erick
EC	10e. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
DH DH	Md. Fre	derick		Thurmo	nt			LIMITS?
AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	7215 Elue Mt	. Rd.			21788		U.S	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14. RAG	CE — American Indian, ck, White, etc.
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specify			c//y: White
	15. DECEDENT'S EDU	I WW	16e. DECEDENT'S	LIGHTAL OCCUPATION	041		<u> </u>	WIII OC
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	ork done during me	ost of working	16b. KIND OF BUS	INESS/INDUSTRY	
1	9	Conege (1-4 or 5+)	Machin	e Oper	ator	Rubbe	r Co.	-
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	Surneme)	
BE C	Harry Kauffm	an			Lucy	Kauffman		
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural I	Route Number, City or Town	, State, Zip Code)	
-	Evangeline M.	Kegley	1312	7 B Br	ice Rd.	Thurmon	t,Md.	21788
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem	oval from State Cen	PLACE AND DATEO	FDISPOSITION (N	ame of Au	OATE 20c. LOC	ATION — City or 1	fown, State
	4 Defration 5 Other (Specify)	S:	mithsbu	rg Cre	matory	31,1996	Smiths:	burg,Md.
	To don't one or replectate service of	X- L			NO ADDRESS OF FA Funera	1 /	525 Br	adbury Ave
_	- Leuns d	Pav	0	1		Sm	ithsbu:	rg,Md.21783
	23. PART i. Enter the diseases, or shock, or haart failure.	complications that cause List only one cause on e	d the death. Do neach lina.	ot enter tha mo	ode of dying, suc	h as cardiac or respir	ratory arrest,	Approximate Interval Between
-	IMMEDIATE CAUSE (Finel disease or condition	1. 10		1	/			Onset and Death
	resulting in death)	· arand	Casa	lov c	liseas	1		17 clays
_		DUE TO (OR AS A	CONSEQUENCE OF):				1
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	b. OUE TO (OR AS /	CONSEQUENCE OF):				
\ <u>\</u>	cause. Enter UNDERLYING							
	CAUSE (Disease or Injury thet initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
	resulting in death) LAST	d						
AL C	PART ii. Other significant condition	ns contributing to death b	out not resulting in	n the underlyin	g ceuse given in	Pert i. 24s, WAS AN	UTOPSY 24	b. WERE AUTOPSY FINDINGS
	alzheimik	-1.21.				PERFORI	WED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Our King Son					1 YES 2	NO NO	OF DEATH?
	DID TOBACCO USE CONT			S \square NO \square	LINCERTAIN	v []		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT					
Sic	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
E	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT	26d. DESCRIBE HOW IN	JURY OCCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, at	treet, factory, offic	•	281. LOCATION (Street et City or Town, State)	nd Number or Rural	Route Number,
ET								
COMPLET		ICIAN: To the best of my know						
o l	2 MEDICAL EXAMINE	R: On the basis of exeminatio	n and/or investigation	ı, in my opinion, d	leath occured at the	time, date and place, end	due to the ceuse	(e) and manner ee stated.
BE	296. BIGNATURE (OF CENTIFIE	al n			29c. LICENSE NUN	ABER	29d. DATE SIGNE	O (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	ATU #TPM :-	0.1.11	1 22	101	· VS	176
	1475 PASON WH	COMPLETED CAUSE OF DE	AIH (ITEM 27) (Type,	Print)	1 2.2	1/11/1	1/11.	les and
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE -	-10	1 1/10	1-14,0	MHIUM.	w m
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State of Maryland / Department of Health and Mental Hygiene 96

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Physic /Med		1. Decedent's Neme (First, Mide Rosa Maria The		EIN				2. Dete of Deer Month August	Day	Yeer	3. Time of Deeth 1:15 AM
Exami		4e. Facility Neme (If not instituti					4b. City, Town, or		4c. County		I.I.J An
		Ravenwood L	utheran	Vill	Lage		Hagerst	own	Was	hing	ton
Funerai Director		5. Sociel Security Number 157-28-2380	6. Sex	7. Age (/	n yrs. lest birthdey	Months Deys		8. Dete of Birth (Month, Day, AUGUST	ŽŽ',1919	9. Birthp Coun G E	lece (Stete or Foreig try) CIMANY
		Usuel Residence of Decedent 10e. Stete 10b. Count	ha	44	Oc. City, Town or L	Location					
o s	5	25 755	·	1						1	0d. Inside City Limit: X□ Yes 2□ No
188	Director	Maryland Wash	nington		Hagers	_					
9 8	ā	1183 Luther	Drive			10f. Zip Code 2 1.7	7.4.0	,	0g. Citizen of V		try?
78 23 III	era	11. Maritel Status		ecedent Eve	rin II S 12			pacifu Van ar Na		e - Americ	on Indian
"natural", or flems 23a or 28a-f show	by Funeral	3 X Widowed 4 □ Divorce	Armed	Forces?	10,3.	. Wes Decedent of I If Yes, specify Cub		o Ricen, etc.)	Blec	k, White,	etc.
at la	B	15. Decede	ent's Education		16e. Dec	edent's Usuel Occup	petion		16b. Kind of Bu	siness/inc	lustry
- 40	Completed	(Specify only high-	est grade complete	e (1-4or 5+)	(Giv life.	e kind of work done DO NOT use retire	during most of world)	rking			.,
	No.	12	College	U (1-401 U+)	Но	memaker			Own I	Home	
marked other umatic event, to	To Be (17. Fether's Neme (First, Middle Johann Hoff		Anker	nshoffe	n	18. Mother's Ner Rosa	ne (First, Middle, M		uste	r
B E		19e. Informent's Neme/Reletion Frederick Kl			1892	ling Address <i>(Street</i> 22 Dover I	Drive, Ha				
Department of Health Important: If item 27 I any injury or other tre		20e. Method of Disposition 20 Cremetion 4 Donation 5 Other (osition (Neme of emetory or other ple Stoney H			20c. Location - Watch		
Department any injury once.		21. Signeture of Funeral Service		,	2	22. Neme end Addre	ess of Fecility				
		23a. Part1. Enter the disease, c shock, or heert fellure. Lis	or complication in a strong one cause of			40 E. Ant	ng, such es cardiad	. ,Hagerst	own. Mo		740 Approximate Intervel Between Onset end Deeth
nysician Medical xaminer	Examiner	23a. Part 1. Enter the diseese, c shock, or heert feilure. Lis Immediete Ceuse (Finel diseese or condition resulting in deeth)	1	et caused the near line.		40 E. Ant nter the mode of dyl	ietam St.	. ,Hagerst	own. Mo		Approximate Intervel Between
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After this certificate hes been signed by the attending physician and in p. p. p. innerel director, page 2 should be deteched for use as the burial-transit a property in the property of the	Be Completed by Physician/M	23a. Part1. Enter the disease, c shock, or heert feilure. Lis Immediete Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediete ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last Pert II. Other significant conditions. 25. Wes cese referred to medical exeminer? 1 Yes 2 No 27. Manner of Death 1 Natural 1 Notes 28. Certifier 10 Certifyling 29e. Certifier 20 Certifie	b. c. d. Hospitel: 1 1 28e. De (M. ination not be 28e. Ple bul g Physician: To it is Examiner: On the	Due Due Due Due Due Due Due Due	e deeth. Do not en	ant 3 DOA Off Months of Mo	ietam St., ng, such es cardiac ven In Pert I. 26. Place of Dec ner: 4 Detursing H ry et rk? Yes 2 \(\) No	23b. Did to 1 Ye 24a. Wes ar perform 1 Ye 28d. Describe ho 28f. Location (Str. City or Town)	bacco use con est, bacco use con est, n eutopsy est, n euto	24b. We every corror of corror Rural	Approximate Intervel Between Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Onset

State Registrar 31. Dete filed (Month, Dey, Yeer)
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State of Maryland / Department of Health and Mental Hygiene 27635 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month HLDA 1:30 P.M Chiqusi 4e. Fecility Neme (If not institution, give street end name) /Medical 4b. City, Town, or Location of Deeth Blen Burne AWN

If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
Months Deys Hours Min. May 19, 1917 4c. County of Deeth Examiner HRUN DEL NOR+H ARUNDEL HOSPITAL ANNE Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** 1 M 2/7 577-05-7446 79 McKewport, Pa Yrs. Director Usuel Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or hems 23a or 28a-f show traumatic event, the Moulcal Examiner must be notified at 1 ☐ Yes X No Maryland Directo Prince George's District Heights 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 7226 Landsdale Street 20747 United States Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ We If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Healith and Mertal Hydiene. Important: If item 27 is marked other than "natural", or hier my july or other traumate event, the Machinal Evantment on July or other traumate event, the Machinal Evantment. 1 Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify White XWidowed 4 Divorced Completed 16a. Decedent's Uauai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) Secretary Clerk Prince George County 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Charles Paul Wilma Wineland 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 21146 19e. Informent's Neme/Reletionship (Type, Print) Paul Kelly 532 St. Martin's Lane, Severna Park, Maryland 20b. Piece of Disposition (Name of cametery, cremetory or other pleca) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ⊠ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Cedar Hill Cemetery Aug 31, 1996 Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Service Licansee Alexandria Ferry Road, Clinton, Maryland 20735 Ven 23a. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner CEREBIRO VASLUL physician and s the buriel-transit Sequentially ilst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760 9 Physician/Medical Due to (or es e consequence of): 98 signed by the attending d be detached for use es Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown þ 24e. Wes an autopsy performed? 24b. Were sutopsy findings available prior to Completed completion of cause of death? 1 ☐ Yes 20 No 1 ☐ Yes NO NO After this certificate Attending Physician: 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2No 10 Nonpatient 2 ER/Outpatient 3 DOA funeral 27. Menner of Deeth 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigetion Neturei death. 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Attend within 24 hours after death To the Funeral Director: filled in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. cai 29e. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end little of certifier 29c. License number 29d. Dete aigned (Month, Day, Year) M 39. Name and editeds of person who completed cause of deeth (item 23a) (Type, Print) 301

32. Registrer's Signature

State Registrar

31. Dete filed (Month, Dey, Year) SEP 0 4

1996

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State of Maryland / Department of Health and Mental Hygiene

27636

						Ce	rtificate of	f Death		Re	eg. No.		. , 000
	Dharata		1. Decedent's Neme (First, Middle,	Last)						2. Dete of Deet			3. Time of Death
	Physic /Medi		Frances E	Evelyn	King					August	26, 19	96"	1640
	Exami		4a. Fecility Neme (If not institution,	give street and nu	mber)			4b. City, Tow	m, or Lo	cation of Death	4c. County	of Death	
			Calvert Memor	ial Hosp	ital			' Prince	e Fr	ederick	Ca	alvert	
	Funeral			3. Sex	7. Age (In yi	rs. last birthday,	If Under 1 Year Months Dev	r If Under 2				9. Birthpled	e (State or Foreign
	Director		217-28-7968	1□M 2X F		98 Yrs.	INOTHIS DOY	3 110013	101301.	May 26	,1898	Mary.	land
T	p .	1	Usuel Residence of Decedent 10a, Stete 10b, County		400	Oh: T							
	show show	_			106.1	City, Town or L				•		100	. Inside City Limits 1 ☐ Yes 2 🖾 No
	N Series	oto	Maryland Calv	ert		Pr	ince Fre						
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Director	10e. Street end Number				10f. Zip Code			1	0g. Citizen of		n
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	er de	Funeral	11. Maritel Stetus	Armed Fo			Wes Decedent of If Yes, specify Cu	Hispenic Orig ben, Mexican,	In? (Spe Puerto	ecify Yes or No- Rican, etc.)	14. Rad Bie	ce - American ck, White, etc	Indian,
2	ours after death with the Menylan at', or items 23a or 28a-f show Examiner must be notified at	by F	1 Never Merried 2 Merrie	If Yes, G	ive		1□Yes XXN	o Specify:			Specif	Black	e e
3		D	3 XWidowed 4 □ Divorced	Yeer or E	Detes:	10.0							
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7	within ene. than "	E G	Eiementery/Secondery (0-12)	College ((1-4or 5+)		Housewif				Own I	Jomo	
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3	Depa Impo eny Ir		21. Signeture of Funeral Servica Li	cansee			2. Name end Add						
	40100		Spencer	8. So	سو	5						lerick,	MD 2067
			23a. Pert1. Enter the diseese, or co shock, or heart feilure. List or	omplications thet only one cause on o	caused the de eech line.	eth. Do not en	ter the mode of d	ying, such es c	ardiec o	or respiretory erre	est,	i In	pproximete iterval Between Inset end Deeth
,0000	certificets be executed anding physician end use as the buriel-transit	n/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	b. A S	Due to	(or es e conse							
á	or for	cia	Death Other deathers as a state							1 001 5111			
	the de by the e	Physician	Pert ii. Other significant conditions	s contributing to d	eath but not r	esuiting in the L	inderlying cause (given in Pert I.					ne cause of death?
e .	\$ 8 g	by Pl								1 1	98 2□ No	3 Probat	bly 4 Unknow
										24e. Wes a	n eutopsv		eutopsy findings
)	_ 0	lete								perform	ned?	comp	able prior to pietion of cause
	The law ate hes b page 2 s	Completed									V	of de	
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	Physician: this certific ral director,	o Be	25. Wes case referred to medical exeminer?	Hospital:				thor		h (Check only on			1
	this aidi	 	1 ☐ Yes ☐ No 27. Menne of Deeth	1 28e. Dete		☐ ER/Outpetie	III JU DOA	4 LINUE	-	me 5 Reside			
	ling After fune	lo	1 Neturel 5 ☐ Pending	(Mon	oth, Day Year)	28b. Time of Injury	W	ork? □Yes 2□N		28d. Describe ho	w injury occur	Ted	
	Attending ir death. ector: After by the fune	Cal	2 ☐ Accident investigat 3 ☐ Suicide 6 ☐ Could no	t be OR Dines	n of laine. At	home form at				28f. Location (St	root and Alimi	har or Pural S	Pouto Alumbar
	345	Certification:	4 ☐ Homicide determin	ed 200. Fleck	ing, etc. (Spe	cify)	reet, fectory, office	в	1	City or Town		Der Dr Hurai H	logie iaminei
	To the Hospital or within 24 hours effer To the Funeral Dir completely filled in		29e. Certifier (Check only 2 Medical Ex	Physician: To the	best of my k	nowiedge, deet	h occurred at the	time, dete end	plece, o	end due to the ca	ause(s) and mo	enner as stet	ed.
	the H in 24 the F	edical	one)	taminer: On the b end men	ner steted.	nation end/or in	- ганцанон, и ту	Opinion, 099th	occurr	ed et the time, di	are end blece,	eriu due to tr	e cause(s)
	To t To t	Σ	29b. Signeture end title of certifier		>	1	29c. Lice	nse number		25	9d. Date signe	d (Month, De	y, Year)
			Moum	arce	- (solar	m DI	7168			8/2	1176	
	5		30. Neme end address of person wh		se of deeth (It	em 23e) (Type,							
			Dr. K. Ya	zdani, M	1.D., H	Iuntingt	own, MD	20639					
	Sta	te	31. Dete filed (Month, Dey, Year)			neture war Randa		·					
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State of Maryland / Department of Health and Mental Hygiene

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						Ce	ertificate of	Death		Reg. No.		
Dhu	منحند		1. Decedent's Neme (First, Middle	e, Last)					2. Dete of Do	eeth Dey	Yeer	3. Time of Death
Phys /Me	sıcıa edic		CHAN	- Yu	ng		160		SEPT.	1.19	396	8:25 AM
Exa			4e. Fecliity Neme (If not Institution	n, give street and n	um <i>ber)</i>		2 2 4	4b. City, Town, or	Location of Deel	7,1	ty of Death	
			Washington Ad	ventist	Hospital			Takoma	Park	Mont	gomer	Y
Fune	ral		5. Sociel Security Number	6. Sex	7. Age (In yrs.		y) If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi Month, D Feb 2	rth	9. Birth	plece (Stete or Foreign
Direct			577-52-3747	1□ M XX F	72	Yrs.	World Deys	riouis iviii.	Feb 2	1924	Cant	on, China
p.			Usuel Residence of Decedant		40.00							
anylar show			10e. Stete 10b. County			y, Town or l					1	10d. Inside City Limits
o M		cto	Maryland Montgo	mery	Sil	ver S	Spring				,	1□Yes 2□N
P 9 5		Dire	10e. Street and Number	. pl1 - p			10f. Zip Code	0.01		10g. Citizen o		•
23a		rai	208 University	BIVG. E	ast 		20	901		United	State	es
within 72 hours after death with the Maryland ena. than "natural", or items 23a or 28a-1 show Modes! Express results be notified at		Funeral Director	11. Merifei Stetus	Armed F	cedent Ever In U. orces?	,S. 13	 Wes Decedent of H If Yes, specify Cube 	lispenic Origin? (S en, Mexican, Puerl	pecify Yes or No o Rican, etc.)	0- 14. R	ece - Americack, White,	
or l			1 Never Merried 2 Merr	If Yes G	2∰ No iive		1 ☐ Yes 2 🎇 No	Specify:		Spec	orie	ontol
72 hours "natural",		Completed by	Widowed 4 □ Divorced		Detes:			-24				
I within 72 h iena. ' than "natu		ete	15. Deceden (Specify only higher	t's Education s <i>t grad</i> e com <i>pleted</i>)	(Giv	edant's Usuei Occup re kind of work done	during most of wor	rking	16b. Klnd of	Business/In	dustry
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DAL		ပိ	8th 17. Fether's Neme (First, Middle,	I ast)				18. Mother's Ner	ne (First Middle			sourcy ber
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d 2 should b th and Mente 7 ie marked treumatic er		스	Wing Fung 19a. Informent's Neme/Relations	hin /Type Drint)		10h M-	iiing Address (Street	UNKNOW!		or Cibros Terr	m State 72	Code)
2 8 9 9	3		Theodore M. Lee									
s 1 and of Health item 27 other tr			20a. Method of Disposition	-	20b. F		4 Carol P position (Name of remetory or other ple			20c. Location		
0 0			XXBurlei 2 ☐ Cremetion		1 Stete					Adelph		
permit. Page Department Important: If any Injury or			4 Donation 5 Other (S		Geo		ashington					-
Depa mpo	DUCE		21. Signeture of Funerei Service	Licensee	× 11		22. Neme end Addre					
0020			Charles	X. 6	clance	VA	lexandria	Ferry R	bad, CI:	inton, l	Maryla	and 20735
	ш		23a. Part1. Enter the diseese, or shock, or heart feilure. List	complications that only one cause on	caused turbeat	h. Do not e	nter the mode of dyir	ng, such es cardie	or respiretory	errest,		Approximete Intarval Batween
Physicia				11							1	Onset and Deeth
/Medic Examin		П	Immediata Ceuse (Finei disease or condition resulting in death)	· +2	ing Co	anee	R					
	80	<u>.</u>	resorting in death)	,	bue to (c	r es e cons	aquanca of):					
ed sit		Examiner		b							-	
sertificate be assouted ding physician and se as the burial-transit		xan	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying		Dua to (o	res a cons	equence of):				İ	
be a) iclan buria			Ceuse (Diseese or injury	C							i	
cata physic		edicai	thet Initiated events resulting in deeth) Last		Due to (o	r es e conse	equence of):					
artification of Jing (Me		d. =							i	
6 5 5		ian										
the the		Physician	Pert ii. Other significant condition	ns contributing to	death but not res	ulting in the	underlying cause give	ren in Part I.	23b. Did	tobacco use o	ontribute t	o the cause of death
hat the deby									1 🔁	(Yes 2□ No	3 □ Pro	bably 4 Unknow
Se Co	2	by								no was	T 044 144	
been s should		Completed								s en eutopsy omed?	91	era autopsy findings railable prior to empletion of cause
N S S		idu										daeth?
T ata		Co							10	Yes 2 No	11	☐ Yes 2☐ No
Physician: The this cartificata ral director, pag		Be	25. Wes case referred to medical exeminer?					26. Place of Dec	eth (Check only	one)		
Physic this of		은	1 ☐ Yes 2 X No	Hospitai:	Inpatiant 2	ER/Outpeti		4 Li Nursing r	lome 5 Ras	idance 6 🗆 C	ther (Specia	fy)
		.i.o	27. Menner of Daath 1 ☑Neturei 5 ☐ Pendin	28a. Dete	of Injury nth, Dey Year)	28b. Time injury		y at k?	28d. Describe	how injury occ	urred	
Attanding P ir death. actor: After I by the funer		cati	2 ☐ Accident investig	gation			M 1 🗆	Yes 2 □ No				
D oct		Certification:	3 ☐ Suicide 6 ☐ Could determ	ined 286. Plac	a of Injury - At he ling, etc. (Specify	ome, ferm, s	street, fectory, office			(Street end Nut wn, Stete)	n <i>ber</i> o <i>r Run</i>	el Route Number,
Tre tre												
ital or Just after rai Dire		edicai	(Check only 2 Medical	g Physician: To th Examiner: On the i	a best of my kno-	wiedge, dea	ath occurred et the tir	me, dete end plece	, and due to the	cause(s) and i	menner es s	stated. o the cause(s)
Hospital or / 4 hours after uneral Dire	: 19	8	one)	end me	nner steted.							
Hospital or 24 hours afte Funeral Directory ately filled in			29b. Signature/and title, of certifier	/-			29c. Licens			29d. Dete sign	8	
To the Hospital or Attant within 24 hours after deat To the Funeral Director: completely filled in by the		Σ	× 11 -50 1				3 3 1					
Hospital or 24 hours afte Funeral Dire ately filled in		2	· Justhel	the we	-		121	900		Seplem	ber 1	, 1996
Hospital or 24 hours afte Funeral Dire ataly filled in		2	30. Nema end addrass of person	who completed cau	use of deeth (Itan	23e) (Type					ber 1	, 1996
Hospital or 24 hours afte Funeral Dire ataly filled in		2	30. Nema end addrass of person SMITH S. Ho. 4 31. Dete filed (Month, Dey, Yeer)	660 Car	ise of deeth (Itam YOU AVE Registrer's Signa	# 28	o Takom				ber 1	, 1996

State of Maryland / Department of Health and Mental Hygiene

				0.0.0 01 111	ary idilidir i	Certificate				Reg. No.	10	2/638		
	Division		1. Decedent's Neme (First, Middle, Li	ast)					2. Dete of De	eth	Vans	3. Time of Death		
	Physici /Medi		FLORA R	LA				Month O8	Dey 22	Year 96	0810			
	Examir		4e. Facility Neme (If not institution, gi	ve street end number)			4b.	. City, Town, or Lo	cation of Deet	h 4c. County	of Deeth			
			PENINSULA REGION					ALISBURY		WICO				
	Funeral Director		5. Social Security Number 6. Sex 1 M 2K F 7. Age (In yrs. last birthdey) 98 Yrs. 1 Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) 09-05-97 9. Birth (Month, Dey, Year) 09-05-97											
	dand dand	Director	10a. Stete 10b. County		10c. City, Tow	n or Location			•		10	d. fnside City Limits		
	Many Many		MD. WICOM	ICO	PI	TTSVILLE						1 ☐ Yes 2 🕱 No		
	x 28		10e. Street and Number		L	10f. Zip Co	ode			10g. Citizen of	What Countr	y?		
	th will		34821 OLD OCEAN	CITY POAT			2185	50		1	J.S.A.			
	r daa	Funeral	11. Maritei Stetus	12. Wes Decedent Armed Forces?	Ever in U,S.	13. Wes Decedent of Hispenic Origin? (Spif Yes, specify Cuben, Mexican, Puerto			ecify Yes or No	- 14. Red	ce - American Indien, eck, White, etc.			
020	filed within 72 hours after death with the Maryland Hygiena. ther than "natural", or flema 23a or 28=4 show int, the Medical Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 Yes No If Yes, Give Yeer or Detes:				Specify:			Specify: WHITE			
	s 1 and 2 should be filed within 72 ho I Health and Mental Hygiena. Item 27 is marked other than "natur other traumatic evant, the Medical	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16e	Decedent's Usuel ((Give kind of work of life. DO NOT use	occupeti	ion ring most of work	ing	16b. Kind of B	usiness/Indu	ustry		
	withlin than	mpi	Eiementery/Secondery (0-12)	Coilege (1-4or 5	+)		retired)	-		DIIDI				
	filed Hygie ther		17. Fether's Neme (First, Middle, Last	2		TEACHER	1	18. Mother's Neme	a (First Middle		C SCH	OOL		
	Mental Mental arked o	To Be	JOSEPH RAYNE	,			- 1		NIE DE		,			
	2 should and Men is marke	F	19e. Informent's Neme/Reletionship	(Type, Print)	198	. Meiling Address (S	treet an				State. Zip C	Code)		
	f and 2 Haalth a em 27 is		MARY JANE MIDDLE			34821 OLD								
	of Har		20e. Method of Disposition		20b. Piece o	Disposition (Neme	of	1	Dete	20c. Location	City or Tow	21850 m, State		
	Pagas nent of int: If its iry or o		1 Derivation 3 Removed from State 4 Donation 5 Other (Specify) Cemetery, cremetory or other place) DENNIS CEMETERY 8/25 WILLARDS,											
	permit. Pagas Department of Important: if it any injury or o		21. Signature of Funerei Service Lice	nsee	0	22. Neme end /	Address			***************************************	, , , ,			
m	82558		Quald (1 mus	LOV	BOUNDS 1	FUNE	RAL HOME	,705 E	MAIN S	T, SAL	ISBURY, MD.		
	AVIII		Pert1. Enter the disease, or comshock, or heart feilure. List only	nglications thet caused	the deeth. Do							Approximeta Interval Between		
Š.	Physician											Onset and Deeth		
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	e. MASSIVE	CEREBRA	AL HEMORRE	IAGE				30	O HOURS		
		e	, , , , , , , , , , , , , , , , , , , ,		Due to (or es a	consequence of):								
	uted	ledical Examiner		b	Due to /es es e									
ó	tificata be axecuted 1g physician and as tha burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Ceuse (Disease or Injury C.											
68760,	nta be nysicia ha bu	Ical	Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of):											
	ng ph ng ph a as t													
Box	v requires that tha death cer been signed by the attendin should be detached for usa	Physician/N	d											
o.	the a	ysic	Pert II. Other signiffcant conditions of	contributing to death but	it not resulting i	n the underlying caus	se given	in Pert I.	23b. Did	tobacco use co	contribute to the cause of death?			
ď	that the ed by detac	Ph	ARTERIOSCLEROTIC	VASCULAR	DISEASE				10	Yes 2X No	3 Probe	ably 4 Unknown		
S	sign of bi	d by							24e Wes	en autopsy	24h Wer	e eutopsy findings		
Records,	been shou	Completed							perfo	omed?	svai com	lable prior to		
Ř	a lav	dmo										eath?		
Vital	ician: Th		25. Wes case referred to medical							Yes 2 X No	1 🗆	Yes 2 No		
	ysician: ls certific director,	o Be	exeminer?	Hospitel:	nt 2□ER/Ot	rtpatient 3 DOA	Other:	26. Plece of Deetl		one) dence 6 □Oth	or /Sanaits			
O	는 무료	-	27. Menner of Deeth	28e. Dete of Injur (Month, De)			Injury a Work?			how injury occur	1-1			
Ö	ttending F death. ctor: Aftar y tha funer	atio	1 ☑ Neturel 5 ☐ Pending 2 ☐ Accident investigatio	n	r (ear)	njury M		s 2 No						
DIVISION	r Atte	Certification:	3 Suicide 6 Could not b	28e. Plece of Inju		rm, street, fectory, o	ffice		28f. Location (Street end Numb	per or Rural	Route Number,		
2	ital o urs af rai Di lled ir													
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edical	29e. Certifier (Check only one) 10 Medical Example 11 Medical Example 12 Medical Example 12 Medical Example 12 Medical Example 13 Medical Example 14 Medical Example	nysician: To the best on miner: On the basis of end menner ste	exemination en	dor investigation, in	he time, my opir	, dete end piace, nion, deeth occurr	end due to the ed at the time,	cause(s) end ma date end piece,	anner as sta and due to t	ted. he cause(s)		
	To To t	Σ	29b. Signeture and title of certifier	~		29c. L	icense r	nu <i>m</i> ber		29d. Date signe	d (Month, D	ay, Year)		
			Doch &	Lalle	den	M.D. DO:	3599)		08-22-96	5			
			30. Neme end andress of person who											
			JOHN T. BULKELEY 31. Dete filed (Month, Dey, Year)	, M.D., 10	8 PINE	BLUFF ROAL	o, s	SALISBURY	MD 21	801				
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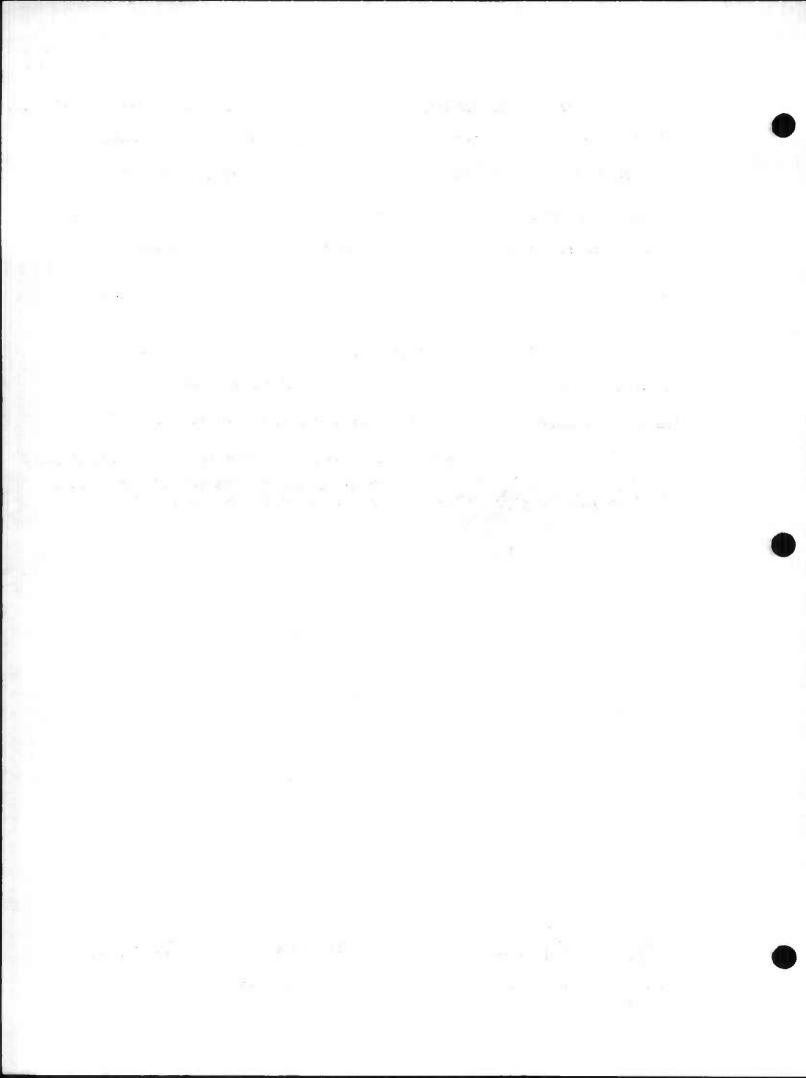
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State of Maryland / Department of Health and Mental Hygiene

27639

Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month August 26,1996 **Physician** LOUISE LEONARD ETTA 11:00 p.m /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Homewood Retirement Center Frederick Frederick If Under 1 Yaar Months Days If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Pay, Year) IO-21-1899 Birthplace (State or Foreign Country)
 Maine **Funeral** 1 □ M 2 □ F Yrs 220-30-9316 96 Director Usual Rasidance of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Frederick Frederick 1 No Yes 2 No Director 10f. Zlp.Code 21/01 10e. Street and Number 10g Citizen of What Country? 31 West Patrick Street Funeral 12. Was Decedant Ever in U,S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Merital Stetus 14. Rece - American Indian, Black, Whita, etc. 1 Yas 2 No
If Yes, Give
Year or Datas: 1 Navar Married 2 Married Specify: White Baltlmore, Maryland 21215-0020 1 ☐ Yas 2 🖾 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) 10 College (1-4or 5+) Education College Professor 17. Father'a Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Surnama) Be Lizzie E. Lane Austin Q. Leonard 2 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 904 Carroll Parkway Frederick, Md. 21701 19e. Informant'a Name/Ralationship (Type, Print) Charlotte A. Moran 20b. Place of Disposition (Nama of cemetery, crametory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cramation 3 ☐ Ramovel from State 8/28/96 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory 2ROBERT Aderess DATLEY & SON FUNERAL HOMES, P.A. 1201 N. Market St. Frederick, Md .21701 August the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, and line. Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final diseasa or condition rasulting in daath) ZHEIMERS Lyeur Examiner Physician/Medical Examiner The law requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditiona, if eny, laeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated evants resuiting in daath) Lest Dua to (or as a consequence of) DivIsion of Vital Records, P.O. Box 68760, Dua to (or es e consequence of) signed by the a Part It. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown STENUSIT ρ 24b. Wara eutopsy findinga avellable prior to completion of cause of daath? 24a. Was an autopsy performed? Completed Aspertion Preumonin page 2 s BRAIN ONL wenters Dupp extremts 0 1 Yas 1 Yes 2 No certificate or Attending Physician: 25. Was case referred to medical axaminer? Be 28. Placa of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 45 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No After this 28e. Deta of Injury (Month, Day Year) funeral 27. Magner of Deeth 28b. Time of 28d. Daacribe how injury occurred 28c. tnjury at Work? 1 Netural 5 Pending death. 2 ☐ Accidant Invastigation 1 Yas 2 No efter death Director: 6 Could not be datermined 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida 24 hours e Hospital 29a. Certifier Medical 1 Certifying Phyeician: To tha best of my knowledga, daath occurrad at tha time, data and placa, and dua to tha causa(s) and manner as atated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner steted. 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) One 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 300 West 9th St. Frederick, Md. 21701 JAMES S. GRISSOM, MD 32. Ragistrar's Signature Radal 31. Data filed AUG 2 9 1996

State Registrar



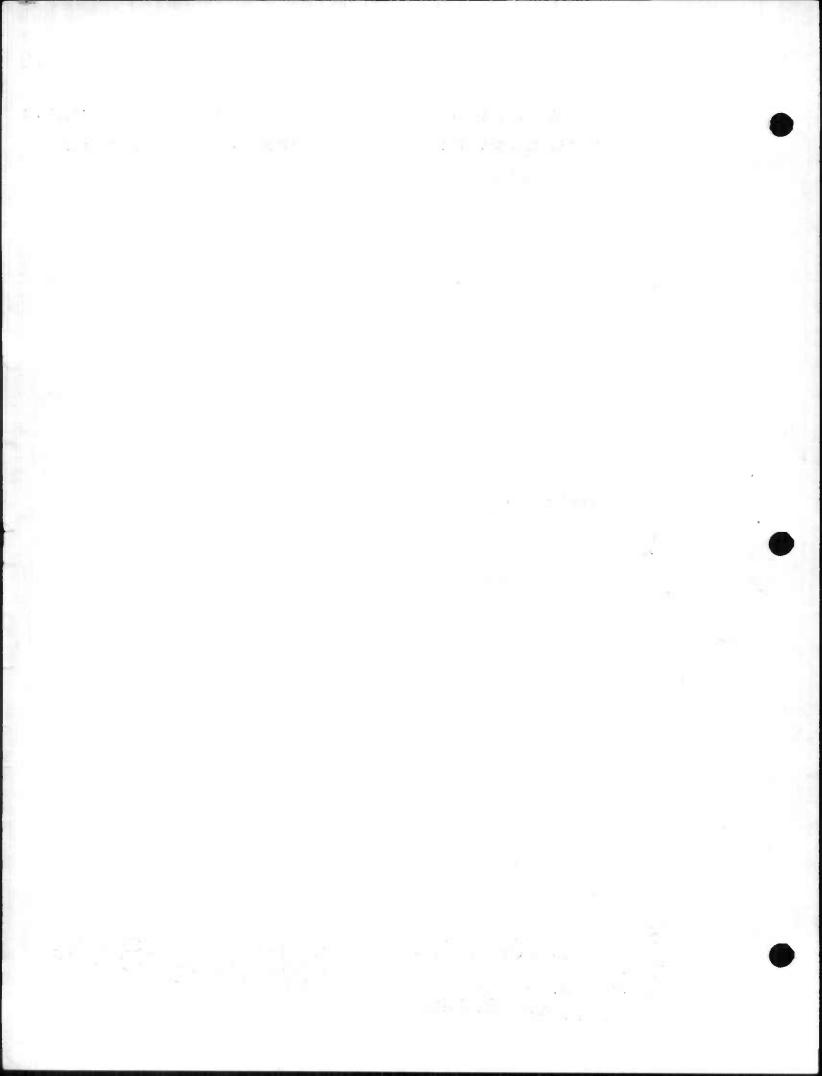
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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					C	ertificate of	Death	_	Reg. No.				
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	io the nospital of Attending within 24 hours after death. To the Funeral Director. After completely filled in by the funer	ledical	29e. Certifier (Check only one) 1 Certifying Phys	Iclan: To the best er: On the basis of end menner st	exeminetion a	ge, deeth oc and/or invest	igation, in my	opinion, daeth occu	, end due to the corred at the time, do	euse(s) end ma ate and place,	nnar es s and due t	the ceuse(s)		
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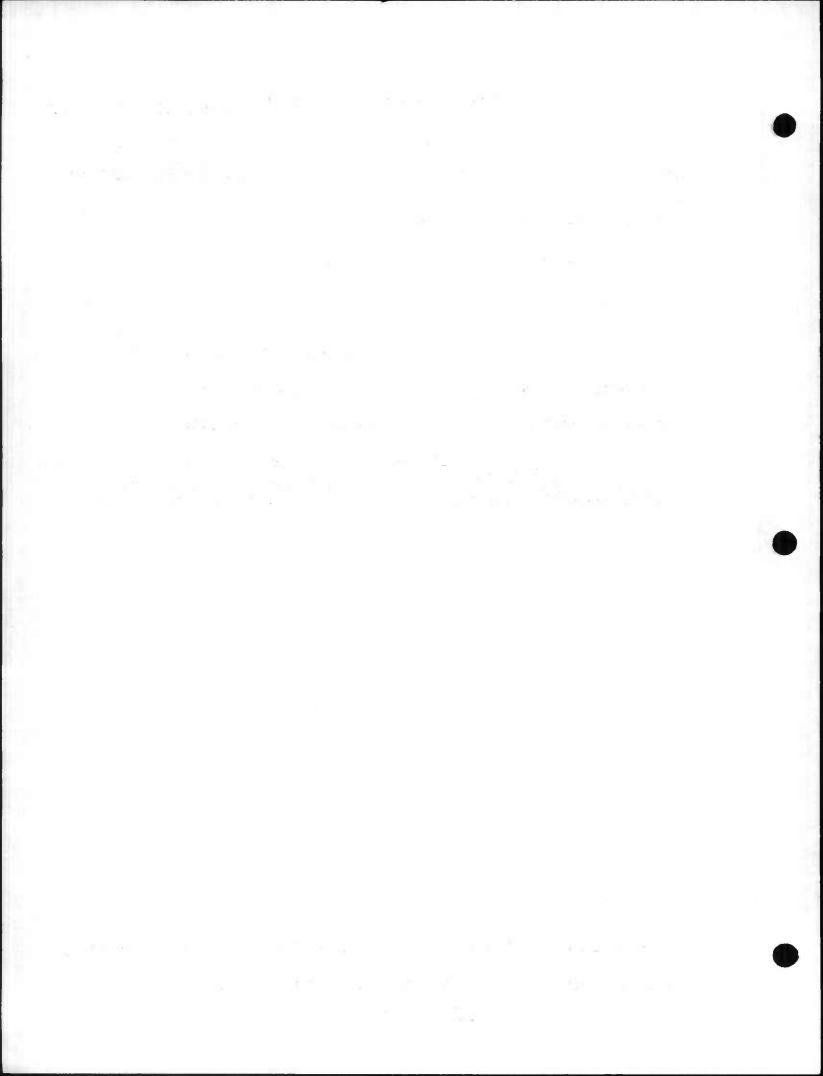
State Registrar

SATURNINA CHANG, M.D., RT 36 FROSTBURG PLAZA, FROSTBURG, MD 21532 31. Dete filed (Month, Dey, Year)

Please Type or Print in Black indelible Ink. Assure Aii Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 27642 Certificate of Death

							Cer	ilicate o	i Death			Reg. No.					
	Physic		1. Decedant'a Nam	e (First, Middle, i	Last) WALT	TER RE	EYNOLDS	La	yton,	TD	Date of Do	Day	Year	3. Tima of Death			
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4	Exami	ner			oital at		on			ton	tion of Deer	eeth 4c. County of Death Talbot					
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	or 28	je je	10e. Street and Nu	mber				10f. Zip Code			10g. Citizen of What Country?						
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Maryland	d 2 should be file th and Mental Hyy 7 is marked othe traumatic event,		19a. Informant's No				19b. Melling	Addrass (Stre				per, City or Town,	State, Zip	Code)			
	1 and 2 Health Health Health Health Health Health		BARBARA	JEAN LAY	TON		P. O.	BOX 32	, HURL	OCK,	MD 21	643					
ore	9 4 2 0		20a. Mathod of Disp		□Removel from Sta		ace of Dispos matary, crem	ltion (Nama of atory or other p	ace)		Data 20c. Location - C		City or To	wn, Stata			
Ē	Pag ment ant: II											HURLOCK, MARYLAND					
Baltimore,	Depart Depart Import any inj etice		21. Signature of Fu	ingral Service Lip	grisog 1	1,	ŽE	Name and Add	rass of Fecilit	HOME.	106	MAIN STE	REET				
_	00240		22. Name and Addrass of Facility ZELLER FUNERAL HOME, 106 MAIN STREET, P. O. BOX 207, EAST NEW MARKET, MD 21631 23. Part/. Enter the disaesa, or or plications the caused the death. Do not antar the mode of dying, such as cardiec or raspiratory arrast, interval By the ck, or heart failure. List only one causton asch line.														
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96

27643

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21215-0020	n 72 hours after "natural", or P edical Examin	Completed	10	15. Decedent's E	ducation			Deced	ant's Usu	al Occup	petion during mos			16b. Kind of B	-		
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Baltimore, Maryland	0 = 0 5	Be C	17. Fathar's Nama	(First, Middla, Las))						18. Mothe	ar's Name	a (First, Middla	, Maiden Surnan	na)		
		0	Joseph	n L. Moff	ett						Rub	v G.	(nmn)				
	SEE	-	19e. Informant's N	19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, 2											State, Zip	Code)	
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	s 1 and 3 f Health them 27 i		20a. Method of Dis			<i>)</i> 11	20b. Piece o	f Dispo	sition (Na	me of		way,	Data	20c. Location -		own, Stata	
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	-3 -3		23a. Part / Entar t	the disease, or con	plications that	caused th	teath. Do	not ante						rrest,		Approximate	
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68760,	certificate be asscuted nding physician and use as the burial-transit	Cal	Causa (Disaasa or injury that initiated events that initiated events														
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0	the death y the atte	λys	Part II. Other signii	neunt conditions	contributing to d	death but	not rasulting ii	n the un	idanying (causa gn	van in Part i	l.				o the cause of death?	
Δ.	that hed b		Chron	nic Lung	Disease	е.								Y•• 2□ No	3 ∐ Pro	bably 4 Unknown	
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Vital	Physician: The this cartificate ral director, pag	Be	25. Was casa rafer axaminar?		Hospitel:					0		of Daet	h (Check only o	ona)			
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	uner Uner	on	27. Manner of Deat	5 Panding	28a. Date (Mor	of Injury oth, Day Y	'ear) 28b.	Tima of njury		28c. Injui Wo			28d. Describe	how injury occur	red		
Sic	Attending ir death. ector: Afta by the fune	cat	2 Accident	Invastigatio					М	10	Yes 2	No					
Division	or Att	Certification:	3 ☐ Suicide 4 ☐ Homicide	datamined	28a. Placi	e of Injury ting, atc. (· - At homa, fa (Specify)	ım, stre	at, factor	y, office			28f. Location (City or To	Street and Numb wn, Stata)	er or Run	al Routa Number,	
Ω	ital c											1					
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check only	1 Certifying Pi	ystclan: To the	e best of r	my knowledge kemination an	death	occurred	at the tir	ma, data an	d placa,	and due to the	causa(s) end ma	innar as a	tated.	
	the the plat	Med	(ne)		and men	nner steta	d.										
	To To	-	29b. Signature, and	title of certifier		~ ^	10		29	c. Licans	se number	26		29d. Dale signe	d (Month	Duy Year)	
	.5		RY	my	w	JV	VV)		1	11	1	1		81.2	11	5	
,	10/0		30. Name and addr	CUS MEN	complated cause	sa of dea	th (Item 23e)	(Type, f	Print)	۸,	01.00	CIII	DEDI 44	م ملم م	750	~	
_	100		DK F1S	CUS MEN	-			ME	DIC	AL	pLUG	CUM	OCKLA	VD MD 2	2150		
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Registrar

we the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

27644

State of Maryland	/ Department of Health and Mental Hygiene	ļ
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							Cei	tificate o	f Death			Reg. No.				
	Dharata		1. Decedent's Nam	ne (First, Middle, La	st)						2. Date of D	eath Day	Year	3. Time of Death		
_	Physic /Medi		Carroll FLOYD McNeal								Sept	1 1996		6:50 PM		
	Exami		4a. Facility Neme (If not Institution, giv		ım <i>ber)</i>			4b. City, Town				ty of Death			
			The Pi	nes					Eas	sto	n	Та	albot			
	Funerai		5. Social Security N			7. Age (In yrs. I	ast birthday)	If Under 1 Yes	or If Under 24		8. Date of Bi		Birthpiace (State or Foreign Country)			
4	Director		218-34-	-9256	M 2□ F	84	Yrs.	Months Day	3 Hours		AUG. 8,1912 MARYLAND					
	pu »		Usual Residence of 10a. State	f Decedent 10b. County	-	100 City	, Town or Lo	antine								
	show	_	MD	TALBOT		1	VITTM2							10d. Inside City Limits 1) Yes 2 □ No		
	the Man 28s-f sh	Director					*** I III									
	E O S	D	10e. Street and Nu		D015			10f. Zip Code				10g. Citizen o				
	s 23a	Funeral		POT PIE	ROAD	adeat Francis III	0 403		21676	0.40	- 11 - 11 11	US		and to die		
	item item	Š	11. Maritei Status	ried 2]Kij Married	Armed Fo	edent Ever in U,: orces?	5. 13.	Yes, specify Co	f Hispanic Origin Iben, Mexican, F	Puerto F	Rican, etc.)		ace - Americ leck, White,			
20	72 hours efter death with the Maryland nature!', or items 23e or 28e-f show seel Examiner must be mothed at	by F	3 □ Widowed		If Yes, Gi	ve		□ Yes 2 N	o Specify:			Spec	eify:	WHITE		
21215-0020	72 hours natural',			15. Decedent's Ed	lucation		16a. Deced	lent's Usuel Occ	upation			16b. Kind of	Business/In	dustry		
215	nin 7	Be Completed	(Spec	cify only highest gra	de completed)		(Give life.	kind of work dor OO NOT use reti	upation le during most or red)	f workir	ng					
21	d within jene. r than	E	6	mary (0-12)	Coilege (1-40r 5+)	FARMI	ER				AGRI	CULT	URE		
	be filed ital Hygi d other event, it	e C	17. Father's Name	(First, Middle, Last)					18. Mother's	Name	(First, Middle	, Malden Sumi				
<u>a</u>	Mental Mental arrice o	ToE	CARROLI	COOKMA	N McNi	EAL			IDA	MA	Y HAL	L				
Maryland	d 2 should th and Mer 7 Is marke traumatic		19a. informant's Neme/Relationship (Type, Print) LOUISE M. McNEAL / WIFE 19b. Mailing Address (Street and Number of Relationship (Type, Print) P.O. BOX 32, WITT									ber, City or Tow	n, State, Zip	Code)		
	C = 0 F											D 2167	6			
Baltimore,	of Healt from 2 r other		20a. Method of Dis				lace of Dispo	sition (Name of natory or other p	lace)	1	Date	20c. Location	- City or To	own, Stale		
Ĕ	Y CHI			☐ Cremation 3 ☐ 5 ☐ Other (Specify						RY !	9-4-9	6 TRAP	PE, I	MD		
at	permit. Par Departmen Important: any injury once.		4 Donation 5 Other (Specify) LANDING NECK CEMETERY 9-4-96 TRAPPE, MD 22. Name and Address of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOLDS													
	Physician /Medical		immediate Cause (he disease, or comp or failure. List only (Final	one cause on	caused the death	lun	///e	ying, such as ca	Pdiac of	r respiratory	errest,	/	Approximate Interval Between Onset and Deeth		
	Examiner	Iner	resulting in death)		19	Due ye (or	as a conseq	uence of):	leve	lie	The	Mir 1	leik	2. Um		
	certificate be executed ding physician and se as the buriel-transit	Examiner	Sequentially list co	nditions,	0.00	Due to (or	as a conseq	uence of):					4	July .		
68760,	be ex	m l	Sequentially list co if any, leading to im cause. Enter Under Cause (Disease or	orlyIng injury	c								1	-		
387	certificate be iding physicia ise as the bur	edical	that initiated events resulting in death) Last Due to (or as a consequenca of):													
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B		clar											i			
0	that the death ed by the atte datached for	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I,								23b. Did tobacco use contribute to the cause of					
9		4									10	Y00 20 No	3 Pro	bably 4 Unknow		
Records,	requiras een sign hould be	d by									24a War	an autopsy	24b. W	ere eutopsy findings		
000	000	Completed										ormed?	av	ailable prior to impletion of cause		
Re	S 55 CA												of	death?		
	icien: The certificate h		14							-	10	Yes 20 No	10]Yes 2□ No		
of Vital		Be	25. Was case reference examiner?		Hospital:			_ 10	Whor: \/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Check only					
To		- T	1 Yes 2 2		1 ∐ 28a. Date		ER/Outpatien 28b. Time of	3LI DOA	4 Nursi			how Injury occ		(y)		
Division	ding h. After funer	Certification:	1/2/Natural	5 Pending investigation	(Mon	th, Day Year)	Injury	28c. in W	ork? □Yes 2□No		.ou. Dascribe	now injury occ	alled			
S	Attending ir deeth.	lica	2 Accident 3 Suicide	6 Could not be		of Injury - At hor	me farm etr			-	8f Location	(Street and Nun	her or Russ	al Route Number,		
5	aftar Dire	ert	4 Homlcide	determined	buildi	of Injury - At hor ing, etc. (Specify,)	oot, lectory, critic				wn, State)	ibor or more	ir route rumper,		
	spital ours ours seral	OF	29a. Certifier	Certifying Ph	/alcian: To the	best of my know	vledne death	occurred at the	time date and n	laca a	nd due to the	cause(s) and r	nanner ec s	teted		
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edical	(Check only one)	Medical Exam	iner: On the bi	asis of examinati ner stated.	ion and/or inv	estigation, in my	opinion, deeth	occurre	d at the time	, date and place	e, end due to	the cause(s)		
	omp	Me	29b. Signature and	tiple of certifier	/ /	(M	-	29c. Lice	nse number			29d. Date sign	ed (Month,	Day, Year)		
	->-0		1///	141 01	1/11	AM. I	110	17	113	8	15	9.	3-9	16		
		-	30. Name and addre	ess of person who o	V/U	THE STATE OF THE S	220) (Time !	Print)	11 /	V			,			
			R. LAN			P.O.		•	п мта	יתנו	ere i	אר מזר	62			
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	Registr	-		SEP 0 3		1 1. 1. 11	widson-	Pandelle.								

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6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DR A	DIREC	met
HOSPITAL	UNERAL VITHIN 72 I	ANT: II
THE !	TO THE F	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page TD THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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31. DATE FILED (Month, Day, Year)

AUG 2 8 1996

32. REGISTRAR'S SIGNATURE

Felia Davidson Randall

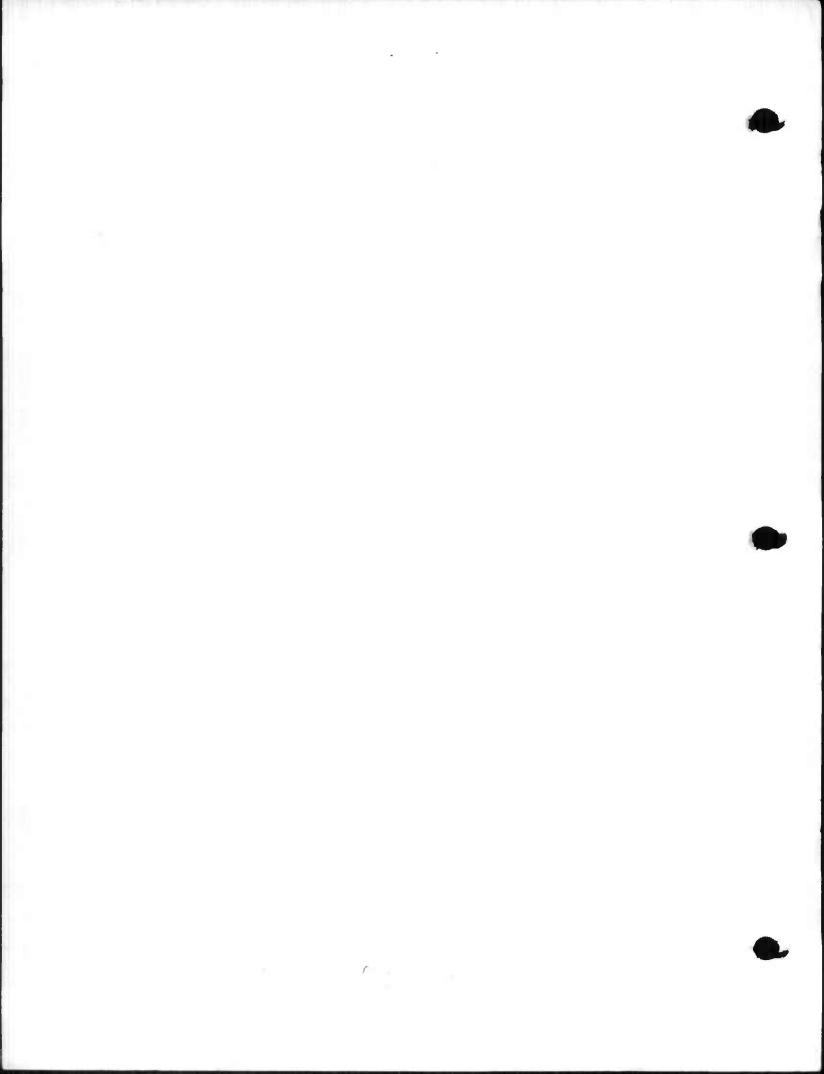
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1155 Millicent. 08 Musiani 27 MM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) B. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTN IF UNDER 24 HRS. 098-14-4685 NEW 1 - M 2 F 11-10-24 YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH Sc. COUNTY OF DEATH Rehabilitation Hospital Chesapeake DIRECTOR SALISBURY WICOMICO RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WORCESTER $M_{\rm D}$ OCEAN CITY 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 118 OLD WHARF RD. 21842 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CO-OWNER RESTAURANT 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at UNKNOWN UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
118 OLD WHARF RD., OCEAN CITY, MD., 9 FRED MUSIANI 21842 must be 20e. METHOD OF DISPOSITION
1 | Burial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State SALISBURY 8-30 CREMATORY SALISBURY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY John BERLIN, 21 ULLRICH FUNERAL HOME MD., medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heert fellure. List only one cause on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death Cardiovascular Disease the disesse or condition_ or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): End Stage Renal Failure CERTIFICATION Sequantistly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, isading to immediate cause. Enter UNDERLYING Dicheks CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24s. WAS AN AUTOPSY PERFORMED? Hyperkusian 1 TES 2 MINO Cerebiovascular Stroke Disease 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: Chesopeeke Rench 1105 1 | YES 2 1 10 OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DE\$CRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO ВУ 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be item 28 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE (eromo) H45955 96 08 28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jeffrey W. Anderson, D.C. 100 E. Carroll St. Stelien 383

MD 21801

Sclisbury



Certificate of Death Reg. No.	
FILM 6-739 9/27/96 t.t State of Maryland / Department of Health and Mental Hygiene 96	27641

		 Decedant's Name (First, Middle 	. Last)				2. Data of Dea	ath		3. Time of Death
Physic				LHAUSE	N		SEPT.		1996	1000am
/Medi		MARY G. 4e. Facility Nama (If not institution)	<u> </u>			4h City Tourn o	r Location of Deeth			10004111
Exami	ner		2-10111 -12:00 1		CENTED				y of Deeth	
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Funeral Director		224-54-1736	1 M 2 F	Aga (in yrs. lest 56	Yrs. Months Day					ace (Stata or Foreign try) I NT A
4		Usual Rasidance of Decedant						,		.13.273
show		10a. State 10b. County		10c. City, T	own or Location				10	d. Insida City Limits
28a-f shon	Director	MD WICOMI	CO	SALIS	BURY					1 ☐ Yas 2 ☐ No
or 28	lire	10e. Street and Number			10f. Zip Code			10g. Citizen of	What Count	iry?
23a		414 S. KAYWOOD	DRIVE	2180	4			U.S.A		
E	Funeral	11. Marital Status	12. Was Decedan	nt Evar in U.S.	13. Was Decedent o	f Hispanic Origin? (Specify Yes or No-	14. Ra	ca - Amarica	
or he		1 ☐ Never Married 2 ☐ Merrie	Armed Forces		V		rto Ricen, atc.)	Bla	ck, Whita, a	ntc.
Esta.	by	3 ☐ Widowad 4 ☐ Divorcad	If Yas, Giva Year or Datas		1□ Yas 2□N	o Specify:		Specif		
call		15. Decedent	s Education	10	Sa. Decedent's Usual Occ	upation		16b. Kind of B	WHITE Jusiness/Indi	ustrv
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2 g		19a. Informant's Name/Reletionsh			9b. Meiling Addrass (Stra					
N L		JOHN W.MILHAUS	EN	100	414 S. KAYWO	OD DR., S	SALISBURY	, MD.	21804	
= 5		20a. Mathod of Disposition 1 Ø Buriel 2 ☐ Cramation	3 Ramoval from Ctat	20b. Plece cems	of Disposition (Nama of tery, cramatory or other p	(ace)	Data	20c. Location	- City or Tov	wn, Steta
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Important: any Injury o		21. Signature of Fundral Service L	icensea ,	1	22. Nama and Add		1///1	, LLISBUI	J IVIU	•
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Part II. Other significant conditions contributing to death but no	t rasulting in the underlying cause giv	an in Part I.

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29b. Signature end titla of cartifier

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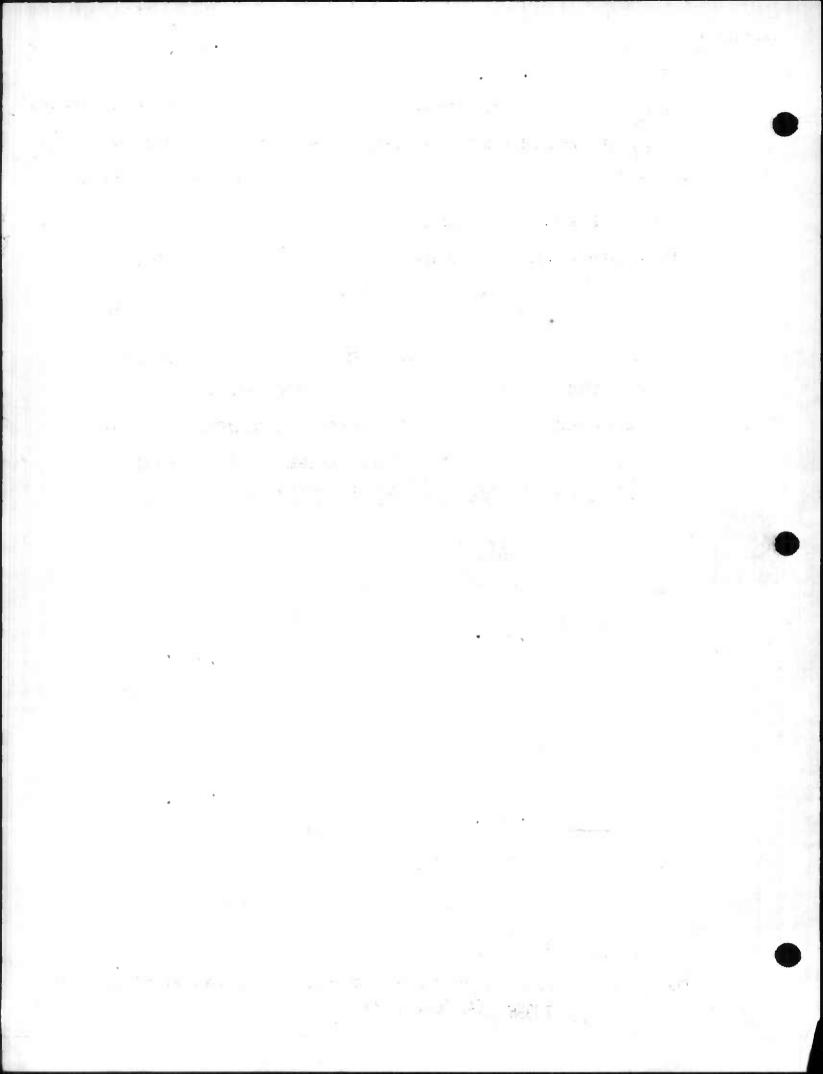
29d. Dete signed (Month, Dey, Year)

30. Name and addrass of person who complated cause of deeth (Itam 23a) (Type, Print)

Montal UN 111 Penn Street, Baltimore, Maryland 21201

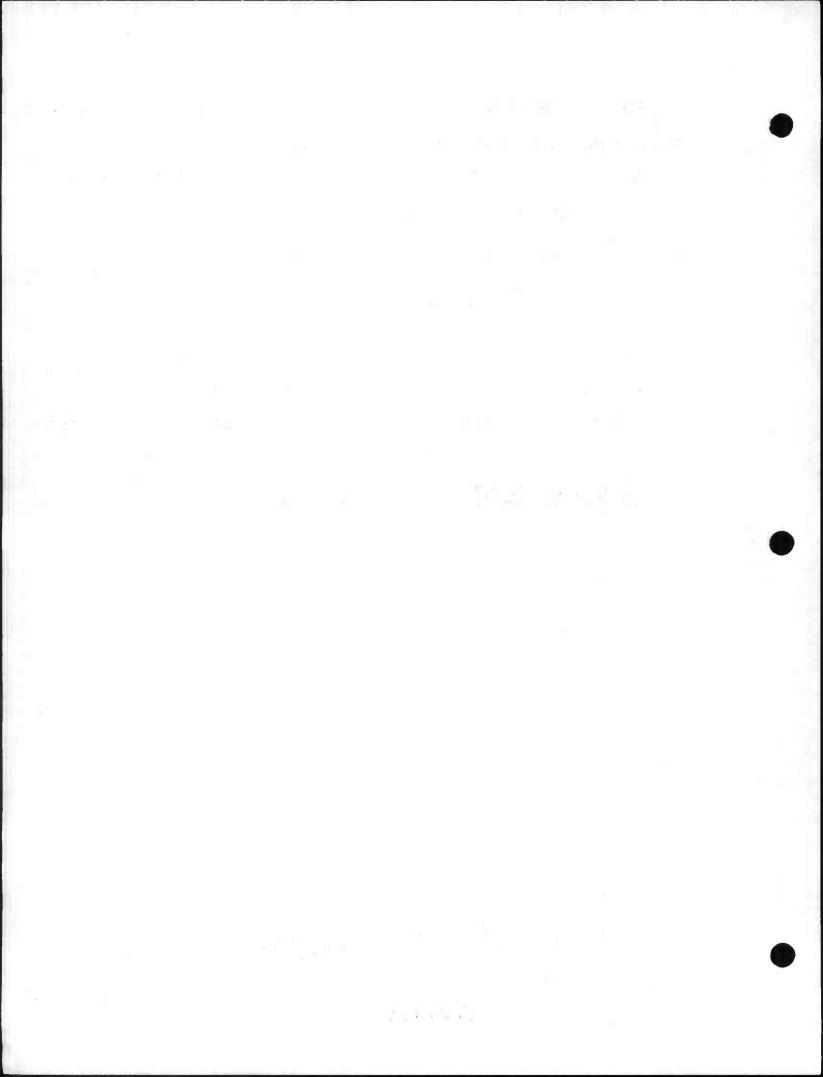
State Registrar

31. Date filed (Month, Day, Year)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 27647

						Certifica	te of	Death		Reg. No.		
	D1		1. Decedent's Neme (First, Middle, La	,					2. Data of Dec	eth	Vece	3. Time of Death
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	Exami		4a. Facility Name (If not institution, given	re street end number)				4b. City, Town, or	Location of Death	4c. County	of Deeth	
			Washington Cou					Hagersto	own	Washi	ngt	on
	Funeral			M 2□F	a (In yrs. last bii	Yrs. If Unda Months	Days	r If Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Da	h	9. Birth	place (Stata or Foreign ntry)
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	land w		10a. Stata 10b. County		10c. City, Tow	n or Location					1	10d. Inside City Limits
	Man The sh	ţō	MD. Washi	ngton	Hager	stown						tX Yes 2 No
	h the	Director	10e. Street and Number			10f. Zi	p Code			10g. Citizen of \	What Cour	ntry?
	th wit		339 N. Jonatha	n Street				21740		USA		
	dea F	Funeral	11. Meritel Stetus	12. Wes Decedent I Armed Forces?	Ever in U,S.	13. Was Dece	edant of	Hispanic Orlgln? (S ban, Maxican, Puert	pecify Yes or No-	14. Rac		can Indien,
0	or h	F	1 Never Married 2 Married	1 XYes 2 N		1 ☐ Yes			o riican, atc./	Specify	ck, Whita,	atc.
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15-		Completed	15. Decedent's E (Specify only highest gra	ducation ada com <i>plated)</i>	16a	Giva kind of w	al Occu	ipetion e during most of wor ed)	rking	16b. Kind of B	usinass/in	dustry
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Maryland	d 2 should b th and Ments 7 is marked traumetic ev	-	19a. Informant's Name/Relationship (Type, Print)	196	. Malilng Addras	s (Stree	et and Number or Ru			<u></u>	o Code)
	alth a		Mrs.Marietta E									MD.21740
ore,	of Heal		20a. Mathod of Disposition		20b. Place o	Disposition (Nary, cramatory or	me of	aca)	Data	20c. Location -		
E	Pages nent of mt: If Its iry or o		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification 5 ☐			r Lawn		morial ?	7/7/96	Hagers	towr	n,MD.
Baltimore,	permit. Page Department Important: If any Injury or once.		21. Signature of Funaral Sarvice Licer	1500		22. Neme e	nd Add	rass of Fecility W.F.	tsons	Funera	7 H	o m e
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai		yelclan: To the best on niner: On the basis of and mannar ata	axamination an	d/or investigation	n, in my	opinion, death occu	rred at tha tima,	data and piace,	and due to	tated. o tha cause(s)
	o the	Me	29b. Signatura and title of certify	1	MA	29	c. Licen	se number		29d. Dete signa	d (Mpnth,	Day, Year)
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			30. Name and rodgess of person who	completed seuse of de	aath (Item 23a)	Type, Pripts	N -	11		111	1	7
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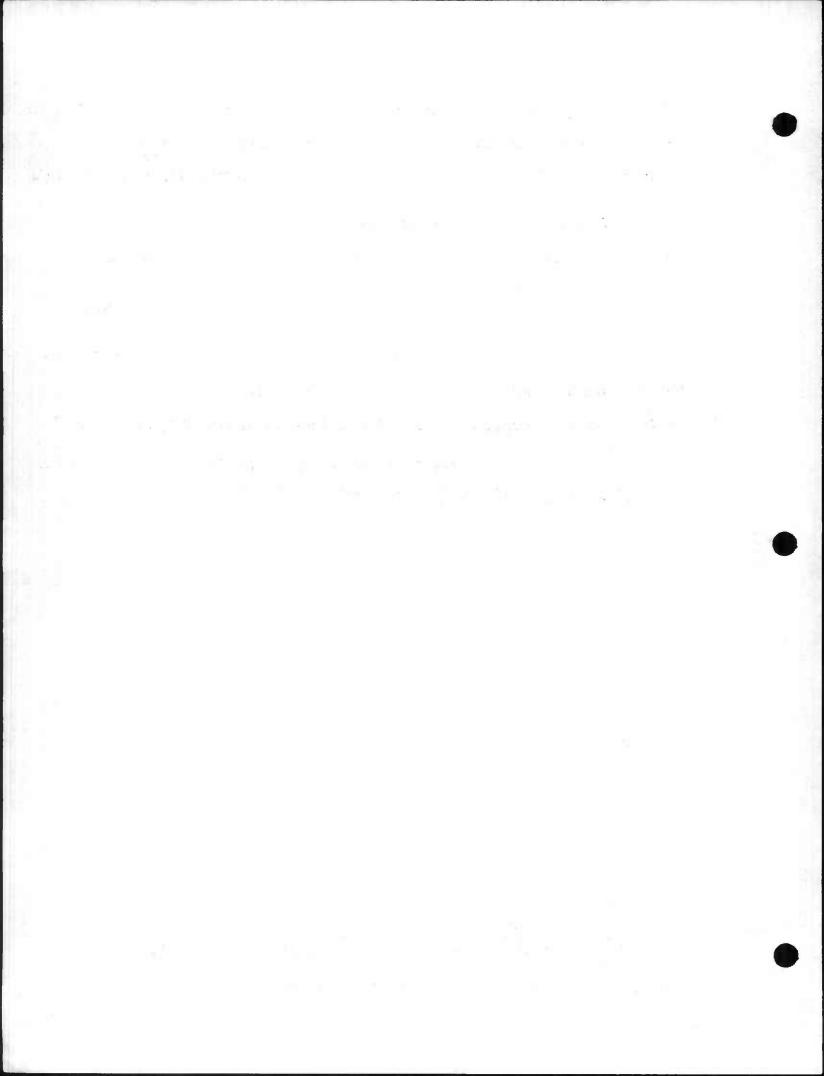
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	/Medi							41 Oh T	Aug 27			1:15 P.M.
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	or 28	Director	10e. Street and Number				10f. Zip Code			10g. Citizan of	What Country	7
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	or dex	Funeral	11. Marital Status	12. Was Daceda Armed Force	as?	,S. 13.	Was Decedant of If Yas, specify Cu	Hispanic Origini Iban, Maxican, P	? (Specify Yas or No- uarto Rican, atc.)	14. Rad Bla	e - Amarican ck, Whita, ato	
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Baltimore,	permit. Peges 1 and 2 Department of Health Important: If Item 27 i any Injury or other tra once.		21. Signature of Funeral Service Lice			2	2. Nama and Add	rass of Facility	Lee Funera	1 Home	Inc 66	533 Old
ä	Depar Impo		DN 1-1 1/2	4-1. 1)				Road, Cli			
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	Physician /Medical Examiner		shock, or haart failura. List only Immediate Causa (Final disaasa or condition resulting in death)			ughine	Syndrane	, Enen	Hal Kean bo	cylois	(Black and Death
	nsit	Examiner		b. ——								
,	cate be executed physician and the burial-transit	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying		Dua to (o	r as a conse	quance of):				1	
8760,	e be sicia	dicai	that initiated events	c	Dua to (or as a consequence of):							
4	g phy as th	Pe	rasuiting In death) Last		Dua to (o	as a conse	quantos or).					
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s, P.O.	es that the death certification of the attending is be detached for use as	by Physician/Me							101	V'	3 Probet	
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Ö	Attanding or death. actor: After by the fune	atio	1 Natural 5 Panding 2 Accident investigatio		Day rear)	Injury		Yas 2 No				
Division	al or Attanding is effer death. If Director: Affer ad in by the fune	Certification:	3 Sulcida 6 Could not be datarmined	28a. Place of	Injury - At he atc. (Specify	oma, farm, st	reat, factory, offic	9	28f. Location (S City or Tow	itreet and Numl n, Stata)	per or Rural R	loufa Number,
	To the Hospital or Attanding Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director,	edical (29a. Cartifier (Check only one) 1 Certifying Pt	nysician: To the be niner: On the basis and mannar	s of axamina	wledge, daet tion and/or in	h occurred at tha wastigetion, In my	tima, data and pi	aca, and dua to tha decourred at tha tima, d	ausa(s) and madata and place,	annar as state and dua to th	ed. a causa(s)
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			30. Nama and addrass of person who	completed cause of		23a) (Type,	Print)	A 201 C	Pinton, MD	20774		
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Registrar

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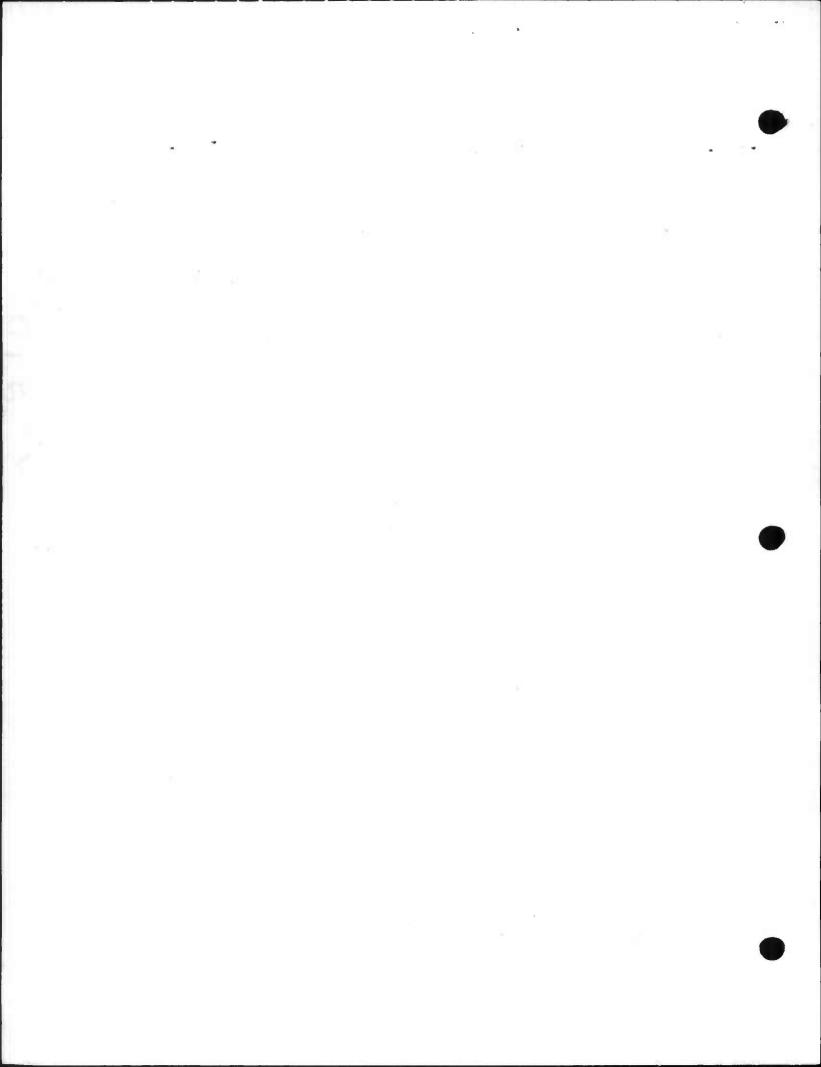
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EUR HOLL		1. Decedent's Nama (First, Middla, Li	rst)			ificate of	- 2-2-1	2. Data of De		20 1	3. Time of Death
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/Medical Examiner	_	4a. Fecliity Neme (If not Institution, gi			of Ciralit		4b. City, Town, or I			y of Death	7.33 p.m
LAMITIME		Frederick Memori					Frederi			derick	
Funeral	7			Aga (In yrs. I	last birthday)	If Undar 1 Yea	r If Under 24 Hrs.	8. Data of Bi (Month, D			
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Mo to		10a. State 10b. County		10c. City	, Town or Loca	ation				10	d. Insida City Limits
23a or 28a-f show ust be notified at	5 1	Maryland Frederi	n b	Wal	2 kersvi	880					Yas 2 No
or 28a-fa	6	10e. Street and Number		0000		10f. Zip Code			10g. Citizen of	What Count	ny?
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terms 2	2	11. Marital Status	12. Was Decedar Armed Forces	nt Evar in U,	S. 13. W		Hispanic Origin? (S ben, Mexican, Puart	pecify Yas or No		ce - Amarica	
and within 72 nouts after death with the maryland lel Hygiene. d other than "natural", or item 23a or 28a-f show event, the Medical Examiner must be notified at sevent. Be Completed by Funeral Director		1 Never Merried 2 Married	1 Yas 2 ti Yes, Giva	s?] No				o Rican, atc.)	Bla	ck, Whita, a	tc.
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d otherward		17. Father's Name (First, Middla, Last)				18. Mothar's Nan	na (First, Middle	, Meiden Sumar	na)	
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THE PERSON NAMED IN		19a. Informant'a Name/Ralationship			19b. Mailing	Addrass (Street	et and Number or Ru		er, City or Town	Stata, Zio	Code)
27 is		Emely E. Phelps	/ Daughte	ħ			Lane, Fre				702
other tr		20a. Mathod of Disposition		20b. Pi	ace of Disposit	tion (Nama of		Dete	20c. Location		
E 8		1 Burial 2 Cramation 3 E		Θ		n Chema		101101			
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the fur the fur catic		1 Netural 5 Panding 2 Accident Invastigation		ay roury	Hijory		Yas 2 No				
To the Funeral Director: After the completely filled in by the funeral Completely filled in by the funeral Medical Certification:		3 Sulcida 8 Could not b 4 Homicide datermined	28a. Placa of In building, e	njury - At horetc. (Specify)	ma, farm, stree)	et, tectory, office	3	28t. Location (City or To	Street end Numi wn, State)	ber or Rural	Routa Number,
To the Funeral Direct completely filled in by Medical Certifical C		(Check only 2 Medical Exar	ysician: To the bes	t ot my know of axamineti	vledga, daath o	occurred at the stigation, in my	tima, data and placa opinion, daath occu	, and dua to tha	causa(s) and m	anner as sta	ated.
Aed he	-	0.10)	and manner s	stated.							
28	19	29b. Signature and title of ceptified	Al	-		29c. Licer	nse number		29d. Dete aigne		
		- Can	IRV	5		()	36649		1/2	512	6
	3	30. Nama and address of person who	complated cause of	death (Item	23a) (Type, Pr	int)					
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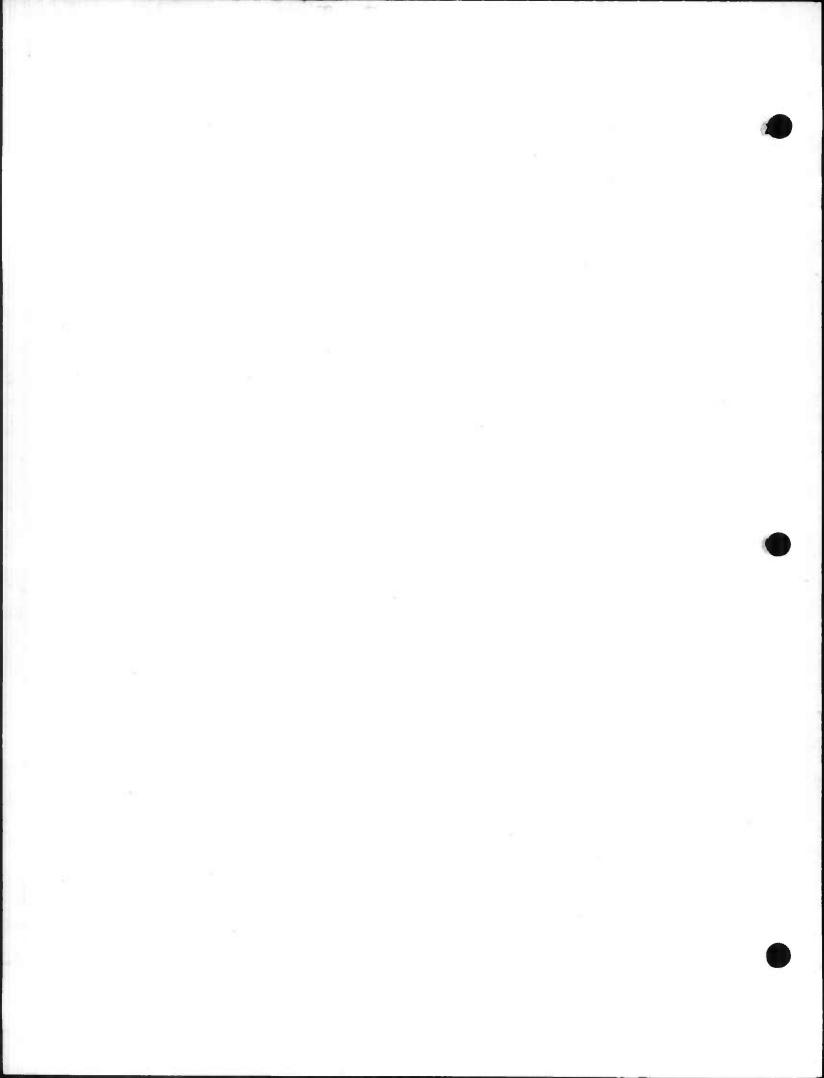
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		1 - STATE REGISTRAR	SIMIE UF M	IANTL	CERT						ENTAL HYGIEI REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) Elsie Louise	Moore							- 1		DAY 0.0 14	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE	(In yrs. last birtho	**	IF UNDER		IF UNDER	24 MRS	September		8. BIRTH	4:30 pM
plu		183-05-8331	1 🗆 M 2 💢 F		77 YR	S.	ONTHS	DAY8	HOURS		Oct. 2, 19		-	yland
1, 2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, give Berlin Nursin Rehabilitatio	g and n Center	r				lir		ON OF DEAT	TH	9c. COUN		ter
ages 1	REC	10a. STATE 10b. COUNT					TOWN O		ION					10d. INSIDE CITY LIMITS?
permit. Pages		MD WOTO	ester		I	3er	clir		ZIP CODE			IO. OITIT	FN OF W	1 YES 2 NO
₩ ₩	FUNERAL	US 50 at RT 11					2181				.A.	HAI COUNTRY?		
21215-0020 al or attending physician. for use as the bunial-transit	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X NO	2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)					14. RACE Black, Specifi	- American Indien, White, atc.		
r attending use as the	TED	15. DECEDENT'S EDU (Specify only highest grade	16a. DECEDEN	of wor	rk done d	CUPATIO	N at of worldn	na .	16b. KIND OF BU	JSINESS/INDU	ISTRY			
AND 21 the hospital or detached for u	WPLET	Elementary/Secondary (0-12)	College (1-4 or 5+))	Licen:	T USB	retired.)				Retai	l Sal	es	
3 E E	BE COMP		Lawrence Bradford Hulshart Florence Hostler											
E, MAR y be retained age 5 should be notified	5	19e. INFORMANT'S NAME (Type/Print) William Larry	William Larry Moore 712 Gulf Stream Dr., Ocean City, MD 21842										21842	
e 6 may rector, pa		20a, METHOD OF DISPOSITION 1 (X Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	1 X Buriel 2 Cremation 3 Removal from State Company, Company, Company Company, Company											
BALTIMO after death. Page by the funeral direct moval. cal examiner m		Jan al	22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 19 S. Main St., Stewartstown, PA 17363											
ed within 24 hours after ompletely filled in by the II, cremation, or removal event, the medical.		23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause of each line. Approximate interval Batv											Approximata interval Batween Onset and Daath	
y, F.O. BOA 06 leath certificate be execut attending physician and c mal Hygiene prior to buni y, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in death) LAST b. Coford by filtery DISERVING DISERVING CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											per	
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w requires the been signed at. of Health ar.	MEDI	DIX AM	Com	p	ensir	te	/				_ 1 □ YES	XX NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2000 NO
law law 23 bept 23	AN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU	JSE C	PLACE OF DEATH	YES			UNC	ERTAIN				
- F 2 2 3	PHYSICIAN:	EXAMINER? 1 YES 2XXNO	HOSPITAL:	ER/Outp		C	THER	:	5 🗆 Red	sidence 6 [Other (Specify)			
子語音		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day		28b.	TIME (OF RY M	28c. INJE WOF	IRY AT RK?		8d. DESCRIBE NOW	INJURY OCCU	RED	
TTENDI TTOR: A after do	TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide datarmined	26a. PLACE OF building, a	INJURY	— At home, tar	m, stre	eet, facto				81. LOCATION (Street City or Town, State	and Number o	r Rurel Ad	ute Number,
AL OR	COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within ? IMPORTANT: I	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R						-	NSE NUMBE		29d. DATE	SIGNED (Month, Day, Year)
₽ ₽ \$ ¥	0	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE	23 E OU DE	ATH (ITEM 27) ()	vpa. Pr	rint)		D	02	026	0	1-6	-66
		Federico G. Arth	es MD	622	A Ocean			H	Berli	n MI	21811			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				IENTAL HYGI						
		dward	M	Har	d		2. DATE OF DEATH	DAY 28 19	YEAR 96	Z:15 A M			
	216-05-8168	№ M 2 🗆 F	78 yrs. last birthday)		AYS HOURS		Jan 8	1918	Country				
TOR	90. FACILITY NAME (If not institution, give street Genesis Elder Ca	are Center		Pb. CITY, TO LaP1	ata	TION OF DEA	TN	oc. COUNT Cha					
DIRECTOR	100. STATE 10b. COUNTY Charle	es		y, town or dian						Od. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5260 Chapmans La	anding Rd.			101. ZIP CO				S.A.	AT COUNTRY?			
В	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? YES, GIVE WAR OR DA'	2 NO	If y		ben, Mexican	C ORIGIN? (Specify , Puerlo Rican, etc.)		4. RACE - Black, 1 Specify:	- American Indian, White, etc. White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 1. 2	mpleted)	16a. DECEDENT'S (Give kind of the Do NOT us Owner	work done duri se retired.)	ng most of worl	king		Business/indus		irs			
BE COM	17. FATNER'S NAME (First, Middle, Last) Orville E. Mill			-	18. MO		IE (First, Middle, Mei	den Surneme)	_	ighs Milla			
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stefe, Zip Code) 206.40 206. METNOD of DISPOSITION 1 Steff 2 Cremetion 3 Removal from State 1 Denation 5 Other (Specify) 206. PLACE AND DATE of DISPOSITION (Name of Gardens 8/30/96 Waldorf, MD)												
	1 to Burial 2 Cremetion 3 Removi	ISEE	inity 4 M00945	ARE	HART-	ECHO	LS FUNI	ERAL HO	OME,	INC.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHROM OBSTRUCTURE DIRWAY DISEASE DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DS CUA DUE TO (OR AS A CONSEQUENCE OF): c. DS CUA DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO												
PHYSICIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEA	TH (Check onl		CERTAIN							
HXSI	1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
BY P													
ED	3 Suicide 8 Could not be determined 296. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 226. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 227. LOCATION (Street and Number or Rural Route No. City or Town, State)												
COMPLET	29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the Ilme, data end placa, and due to the cause(a) end manner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the Ilme, data end placa, and due to the cause(e) and manner as stated.												
TO BE C	Nichard All		mo		29c. LI	O & C	BER) 8	29d. DATE :		Month, Day, Year)			
—	RICHARS J KEIK 5021 SETOINGY RUBS DUEL, VA 22311												
	31. DATE FILED (MONTH, Day, War) 1996 32. PREUSTRAD'S SIGNATURE SEP 0 3 1996 Julia d'Aurelian-Randall												

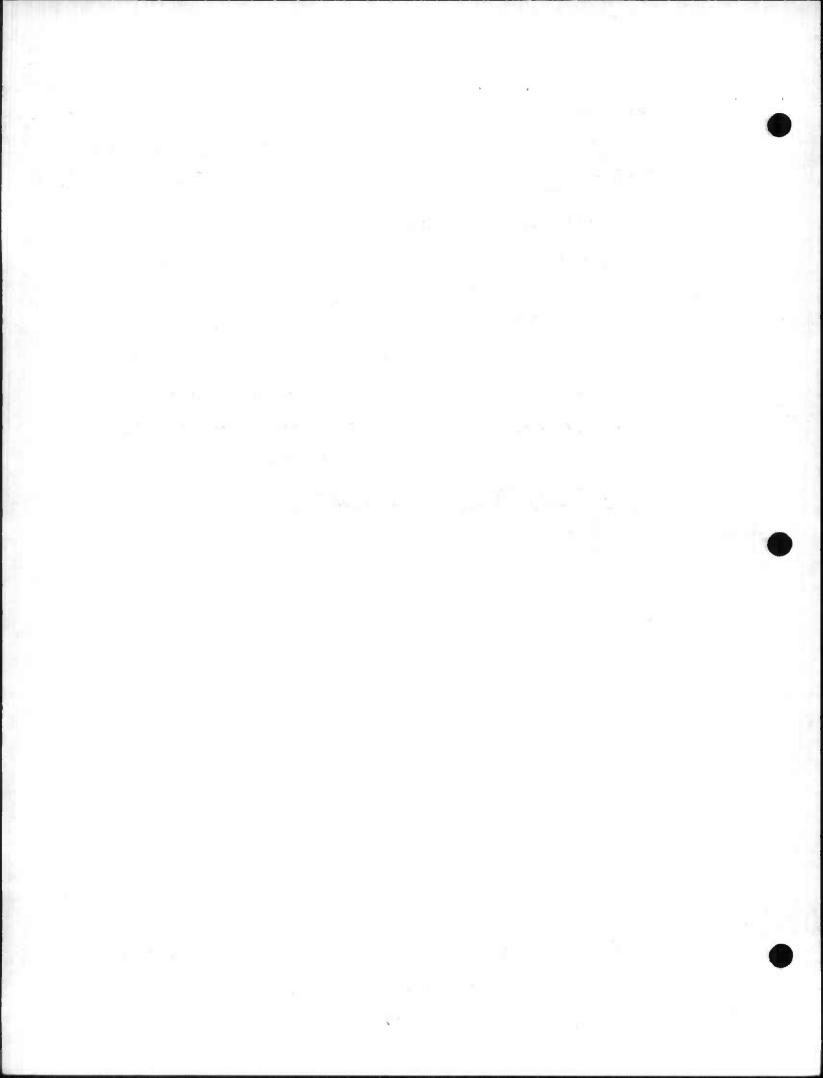


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				State of I	Marylar		artmen rtificat			and M			96	27	652
***		Е	1. Decedent's Nema (First, Middle, L	ast) ·										3. Ti	me of Death
	ysicia Vedic		Mary Ann McCusker											10:	50 AM
	amin		4a. Facility Neme (If not institution, g	ive street end numb	er)			4	4b. City, To				No. Dey Yeer 10:50 4c. County of Death Washington 9. Birthpleca (Steta or Country) 1904 Hancock, Mancock,		
	ш,	Н	22 South Street				1 11111		Hanc			Wasi			
Fund			5. Social Security Number 6. 219-20-2749	Sex 7. 1 ☐ M 2 ☐ XF		lest birthday)	If Under Months	Days	If Undar a	Min.	8. Deta of Bird (Month, Da	h y, Year)		teta or Foraign	
Direc	ctor		Usuel Residence of Decedent	71		92 Yrs.				,	July 28	190	4 Har	ington 9. Birthpleca (Steta or Country) Hancock, M 10d. Insida City 10gyas 2 1 What Country? ace - Amarican Indien, ack, White, etc. ify: White Business/Industry OMe. In, State, Zip Code) 7267 1 - City or Town, State COWN, MD	, MD
72 hours efter death with the Marylend natural; or ftems 23a or 28a-f show	H		10a. Steta 10b. County		10c. Ci	ty, Town or Lo	ocation							10d. Ins	ida City Limits
h the Marylen r 28a-f show	E .	tor	MD Washing	ton	Ha	ncock								15	Yas 2□No
ith the or 28s	to a	Funeral Director	10e. Street and Number				10f. Zlp	Code				10g. Citizen	of What Co	untry?	
th wil	쥪	aiD	22 South Street					217	50			IISA			
items items	1	ner	11. Meritel Stetus	12. Wes Deceda Armed Force		J,S. 13.	Wes Deced			gin? (Spe	cify Yas or No				en,
effer or its	ē l	F	1 Never Married 2 Married	1 Tes 2			1 Yas		Specify:	, Puarto r	rican, etc.)			9, O(C.	
ours ral',		1 by	3 X Widowed 4 □ Divorced	Yeer or Dete	s:		10105	z ŽĄĮ 140	эреспу.			Spe		ite	
72 hours	100	Completed	15. Decedent's I (Specify only highest g	Education rada completed)		16a. Dece (Give	dent's Usue	ol Occup	ation during most	of working	ng	16b. Kind o	f Business/I	Industry	
within ene. then	3	Idu	Elementary/Secondery (0-12)	College (1-4	or 5+)	1-0.00		se ratired	1)						
hor t	臣		17. Father's Nama (First, Middle, Las			Homer	maker		40 Matha	de Blome	(Final Alimina				
ta de la de	2	To Be	John Edward Flow					İ			Reg. No. 2. Dete of Deeth Month Dey Year August 29, 1996 1. or Location of Deeth 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 4c. Country of Death 6c. Country of Death 6c. Country of Death 6c. Country of Death 6c. Specify: White 6c. Specify:				
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d2sl then 7 is r	tract		19a. Informent's Neme/Reletionship										wn, State, 2	(ip Code)	
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nt of	6		1 X Burial 2 ☐ Cremetion 3	Removel from Sta		cometery, cre				-1- 0 /					
permit. Peges 1 and 2 should be filed within 72 h. Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natur	를	-	4 Donetion 5 Other (Spec	Marine	CEC				SS of Facility		31/96	Hagers	town,	MD	
Departi Import	once.		21. Graid of a solution	TON							ΡΔ				
		4													
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uted	ansit	Examiner		b	Dun to (W 24 1 C 22 2									
death certificate be executed	riel-to	Exa	Sequentielly list conditions, if any, leeding to immediate ceuse. Entar Underlying Cause (Disease or Injury) or end	or es e consec	quence or):						1		
ysick	ng et	Cai	mar minerar avanta	C	Due to (c	or es e consec	uence of):						-		
rtifica ng ph		6	resulting in death) Last				CITE STATE						1		
eath certific ettending p	r use	Physician/M		d											
dea	of be	sici	Part II. Other significant conditions	contributing to death	but not res	sulting In the u	inderlying ci	ause giv	en In Pert I.		23b. Dld (obacco use	contributa	to the ca	use of death?
lew requires that the de- as been signed by the e	etac	ج کوا									10	Yes 210 N	0 3 Pr	obably	4 Unknow
signed	器	þ										-0001	I		
need heen	should	Completed												eldelleve	orior to
has b	N	du												of death?	II OI Cause
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		ှိ	1 Yes 2 No	Hospital: 1 Inpe		ER/Outpatier			4 LI Nui	-				cify)	
ing P	eun .	0	27. Menner of Death 1 Netural 5 Pending	28a. Dete of In (Month, I	njury De <i>y Year)</i>	28b. Time o Injury		8c. Injun Worl			8d. Describe I	now Injury oc	curred		
after death. Director: After	the t	Certification:	2 Accident Invastigetic	ha	Indiana At h	ome form at	M factor		Yes 2 l		Of Location (Street and Ale	m her or Pu	rai Pouto	Alumber
or A Direc	£ 3	Ę	4 ☐ Homicide determined	28e. Plece of building,	etc. (Special	ome, term, sti fy)	reet, rectory	, опісе					mber or Hu	rai Houte	rvumber,
To the Hospital within 24 hours To the Funeral		edical C	29e. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hysicien: To the be miner: On the basis end menner	of examine	owledge, deeti ation end/or in	h occurrad a	at the tim	ne, dete end pinion, deet	d plece, e	nd due to the d at the time,	ceuse(s) end date end pla	menner as ce, and due	steted. to the ce	use(s)
vithin of	E :	_	29b. Signatura and title of cartifiar				290	. Licansı	a number			29d. Dete sig	ned (Mont/	n, Day, Ye	ear)
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		-	- 200000	o vi o	f dooth (Itae	- 00a) (T						ragust	47,	1990	
		1	30. Neme and eddrass of person who	completed cause of	I GERTII LITERI	TI 238) (I VDA	Print)								
			P. Dennis, M.D.	1198 Κε			·	rsto	own, M	m					

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 27653

						Cer	tificat	e of	Death			Reg. No.		
Physic /Med		Decedent's Neme (First, Middle,	Selena		Ма	yna	rd				2. Dete of Da Month August	Day	996	3. Time of Deeth 8:00 A.M.
Exami		4e. Facility Nama (If not institution, 6838 Wilso	The state of the s	imber)					4b. City, Tov Frier		cation of Deeth	4c. County		e1
Funeral Director		213-22-1840	6. Sax 1 □ M 2 ☒ F	7. Aga (In	yrs. lest bir	thday) Yrs.	If Undar Months	1 Yaar Deys	If Undar 2 Hours	24 Hrs. Min.	8. Data of Bir (Month, De Oct. 2	y, Year) 8, 1919	9. Birthpl Count Mar	ece (Stete or Foreign ly) yland
a-f show	Director	Usuei Residence of Decedent 10e. State 10b. County Maryland Anne A	Arundel	100	c. City, Tow		riend	shi	p				10	0d. Inside City Limits 1 ☐ Yes 2 ☐XNo
4 5 E	ire.	10e. Street and Number					10f. Zip	Code				10g. Citizen of W	hat Coun	try?
th w	a le	6838 Wilson Ro	oad					207	58		USA			
laryland 21215-0020 2 should be filed within 72 hours after death with the Meryland and Mentel Hygiane. Is marked other than "natural", or items 23a or 28a-f show sumstic event, to a Medical Examinar mast be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2 Marrie 3 V Widowed 4 Divorced	12. Was Dec Armed Fo 1 Tyes If Yes, Gi Yaer or D	orces? 2∭ No ive	in U,S.		Ves Deced Yes, spec		dispanic Orig an, Mexican, Specify:	oln? (Spe Puerto	ecify Yas or No Rican, etc.)		- Amarica c, White, e Bla	etc.
Maryland 21215-0020 d 2 should be filed within 72 hours of th and Mentel Hygiane. 7 is marked other than "natural", or traumetic event, tra Mourcal Exam	Completed	15. Decedent's (Specify only highest Eiamantary/Secondery (0-12)	grade completed)	1-4or 5+)	16a.	(Give h	O NOT us	k dona e retire	during most	of worki	ing	16b. Kind of Bu		
r, per tr	ပိ	6					Cook						aura	nt
arylance should be fi and Mentel H marked out	To Be	17. Father's Neme (First, Middle, L Ernest	G	ross					Sa	rah		Malden Sumemi	Hick	
2 05 1 5		19e. Informent's Neme/Reletionshi Mary Coates/Nie			7	455	Ways	ide	Drive		under1a	nd, MD 2	0689	
Baltimore, permit. Peges 1 an Department of Heel important: if item 2 any Injury or other ange.		20a. Method of Disposition 1 XBurial 2 Cremetion	3 □Removel from		0b. Plece of cemater	y, cram	etory or o	ne of ther ple	ce)	į	Dete	20c. Location - (City or To	wn, Stete
t. Pertant:		4 Donetlon 5 Other (Spi			Mose		emete				3/29/96 Lothian, MD			MD
Balti permit. Departm importa		21. Signeture of Funeral Service Li	censee						ess of Fecility	Sei		neral Ho		
		23a. Pert1. Enter the diseese, or c shock, or heert feilure. List o	E. San	لعبر	20				Beach				rick	, MD 20678 Approximata
Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death)	e	Due 10 +	to (or es a c	pu	Unguence of):		Dri	0	- cincombe			Interval Batween Onset end Deeth
X 68760, certificate be executed rding physician and rise as the burlel-transit	edicai	if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last	led											
OX onding use a	3	•	d											
Geath of for u	sicia	Pert II. Other algorificant condition	a contributing to d	eath but no	t resulting in	the un	dertvina c	ause di	ven in Pert I.		23b. Dld	tobacco use con	tribute to	the cause of death?
vequires that the death been signed by the atter should be deteched for u	by Physician										10	Yaa 2□No	3 Prob	ably 4 ⊟Unknown
VITAI HECORDS, P.O. Iclan: The law requires that the conflicate has been signed by the rector, page 2 should be detected.	Completed											an autopsy med?	con	re autopsy findings llable prior to apletion of cause leeth?
H off had	Son										10	res 2 No	1	Yes 2□ No
VITAL Ician: The certificata rector, par	Be (25. Wes case referred to medical examiner?							26. Piece	of Deett	(Check only o	one)		
Of Physic rithls contral dire	2	1 ☐ Yes 2 ☐ No			2 ☐ ER/Ou			A		sing Ho	me 5 Resid	dence 6 □Otha	r (Specify)
DIVISION OF VITA To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certificic completely filled in by the funeral director,	Certification:	27. Menner of Deeth 1 ☐ Netural 5 ☐ Pending 2 ☐ Accident investige 3 ☐ Suicide 6 ☐ Could no	ition	of Injury th, Dey Yea		Time of njury	М 2	8c. Inju Wo 1 □	ryat rk? Yes 2 □ N		28d. Describe	now injury occurre	ed	
DIVI tal or Att is after d al Direct led in by	Certifi	3 ☐ Suicida 6 ☐ Could no determin	ed 28e. Plece	of Injury ing, etc. <i>(S</i> c	At home, fe pecify)	rm, stre	et, factory	, office			28f. Location (: City or Tox	Street end Numbe vn, Stete)	or Rura	Route Number,
he Hospi in 24 hou he Funer pletely fii	edicai	29a. Certifier 1 Cartifying (Check only one) 2 Medical E	Physician: To the xaminer: On the b end men	best of my asis of exar ner steted.	knowledge minetion end	, death d/or inve	occurred a estigetion,	in my o	me, dete end opinion, deet	l piece, o h occurr	end due to the ed at the time,	cause(s) and mar dete and plece, e	nner as st nd due to	ated. the cause(s)
Tot Tot com	2	29b. Signetura and title of certifier	01	70 40.				D	e number	7		29d. Data signed	10.	
10		30. Neme end address of person w	ho completed caus	se of deeth	(item 23e) (Type, P	rint)					0 / 22 8	Anna	Polis
10		Robert M. G	veenfr.	de,	MID.	1	39	5/2	Sole	موسی و	is Is/	Re	md	. 21401
Sta Regist	ate rar	30. Neme end address of person w Robert M. C 31. Dete filed (Month, Dey, Year) AUG 2 9	1996	Registrer's S	Signature Klan-R	ardal	l							

Note that the second se ** Cobrett Jing Che Fice 85

B.K.S ITEMS: 23 PART I, 27, Control of Manufacture 1/20. PER MED FILM 9-739 9/27/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death

	Physician
	/Medical
ji.	Examiner

1. Decedent's Name (First, Middle, Last) CODY **JAMES**

MALONE - HOPKINS

7. Age (fn yrs. last birthday)

2. Dete of Death 3, 1996 Teles SEPT.

3. Time of Death 1021 AM

4a. Facility Neme (If not institution, give street end number) PENINSULA REGIONAL HOSPITAL 4b. City, Town, or Location of Death SALISBURY

4c. County of Death

Funeral Director

28a-f show

238 death

tems!

7 is marked other than "natural", or items 23a or 28a-f shov trsumatic event, the Medical Examinar main be notified at

þ

Completed

with the Maryland

parmit. Pages 1 and 2 should be liled within 72 hours efter deat Department of Health and Mental thygiene. Important: if them 27 is merited other than any injury or other traumers.

Usuel Residence of Decedent 10a State 10b. County Maryland

10c. City, Town or Location

Hours Min. 8. Date of Birth (Month, Day, Year) Maryland

5. Social Security Number

216-47-1706

338 Holiday Street

10f. Zip Code 21826

If Under 1 Year

Months

Deys

10g. Citizen of Whet Country?

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give

13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1□ Yes 2∰No Specify:

14. Rece - American Indien White

16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

U.S.A.

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

College (1-4or 5+)

N/A

N/A

17. Father's Name (First, Middle, Last)

William Eugene Malone

Trina Irene Hopkins

19a. Informant's Name/Relationship (Type, Print) William Eugene Malone-Father

338 Holiday Street, Fruitland, MD

20a. Method of Disposition

1 Engurial 2 ☐ Cremation 3 ☐ Removal from State 5 ☐ Other (Specify) 4 Donation

Allen Cemetery

9/6/96 Allen, Maryland

21804

Physician /Medical Examiner

the buriel-transit

98

ettending physician

signed by t

certificate

After this

I Director: /

within 24 hours after of To the Funeral Direct completely lilled in by

the

death.

by

Completed

8

2

Medical Certification:

Hospital or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Physician/Medical

SUDDEN INFIANT DEATH SYNDROMF

M01051

Due to (or as a consequence of)

Due to (or as e consequença of)

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I:

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

1.70 Yes 2□ No

25. Was case referred to medical examiner?

28a. Date of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury et Work?

28d. Describe how injury occurred

2 Accident 3 Suicide 4 ☐ Homicide

27. Manner of Death 1 Deatural

5 Pending Investigation 6 Could not be determined

Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier (Check only one) 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

X Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29b. Signeture end title of certifier

29c. License number O.C.M.E

29d. Date signed (Month, Day, Year) SEPT. 4, 1996

Radeniz M.D. 111 Penn Street, Baltimore, Maryland 21201

Registrar

32. Registrer's, Signature fall d'avelor nordall

WICOMICO 9. Birthplace (State or Foreign

1 X Yes 2 □ No

10d. Inside City Limits

Wicomico Fruitland

Director 10e. Street and Number Funeral

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

Yeer or Detes:

1₩ M 2□ F

18. Mother's Name (First, Middle, Maiden Surname)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

20b. Plece of Disposition (Name of cemetery, crematory or other plece)

20c. Location - City or Town, Stete

22. Name and Address of Fecility Holloway Funeral Home

21. Signature of Auneral Service Licensee 501 Snow Hill Road, Salisbury, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death)

Due to (or as a consequence of):

performed?

1 Yes 2 □ No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Stephen S 31. Dete filed (Month, Day, Year) State

SEP 06 1996

The second secon

27655

				State of Ma	rylanu /	Certificate of			eg. No.	0 2/033	
	Physici /Medic		Decedent's Neme (First, Middle, Last)	ORRAINE	F.	NEASE		2. Date of Dee Month SEPTEM	Day	3. Time of Death	
	Examir		4e. Fecility Name (If not institution, give s	and the second second			4b. City, Town, or Lo	cation of Deeth	4c. County		
_			ATLANTIC GENER			irthdev) If Under 1 Yeer	BERLIN If Under 24 Hrs.	6 Date of Birth		ESTER	
	Funeral Director		5. Social Security Number 6. Sex 195-26-9014 Usual Residence of Decedent	M 200 F	(In yrs. last b	Yrs. Months Days	Hours Min.	6. Dete of Birth (Month, Day 4-19-3	Year)	Birthplece (State or Foreigh Country) A .	gn
	Maryland Ff show	tor	10a. Stete 10b. County YORK		10c. City, Tov YOR	n or Location				10d. Inside City Limit	
	ith with the 23s or 28	Funeral Director	10e. Street end Number 3060 ROUND HIL	_L		10f. Zip Code 17402		1	0g. Citizen of V US		
Maryland 21215-0020	hours after death with the Maryland ural; or Itema 23s or 28=/ show	by	11. Meritel Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent E- Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		13. Wes Decedent of I If Yes, specify Cub	dispanic Origin? (Speen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - American Indian, kk, White, etc.	
5-0	72 hours "netural",	Completed	15. Decedent's Educ (Specify only highest grade	cation	166	o. Decedent's Usual Occup (Give kind of work done life. DO NOT use retire	pation	na	16b. Kind of Bu	usiness/Industry	
21	yene.	nple	Elementary/Secondery (0-12)	College (1-4or 5+	+)		d)	19	Deara	14 D A N D	
121			12			CO-OWNER				URANT	
and	S a b	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme			e)	
Ž	d 2 should be th and Mental 7 is marked of traumatic ev	To	EARL W. ROHRBA		140		DELL		OWERS		
	d2: thar 7 is trau		GARET D. NEASE			b. Melling Address (Street 3060 ROUND		. Yor	K, PA.	, 17402	
Baltimore,	ages ant of tr: If it y or o		20a. Method of Disposition 1 Burial 2 Cremetion 3 Be 4 Donation 5 Other (Specify)	emovel from State	cemete	of Disposition (Name of ary, cremetory or other ple ROSE CEMET		-5	YORK,	PA .	
Ball	permit. Pa Departmen Important: any injury		21. Signature of Funeral Service License	Phil		22. Neme end Addre	_	Номе	BERLIN	, Mp., 2181	11
Н			23a. Part Enfer the disease, or complication of the complete should be shoul	cations that caused the cause on each line	the deeth. Do					Approximate Interval Between	
	Physician /Medical		Immediete Cause (Finel disease or condition	Da	toll	unandin	I Make	dian		Onset and Death	
	Examiner	Jer	resulting In death)	·	Due to for es a	consequence of):	argun	Mayo			
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	ng Phys frer this uneral di		27. Manper of Deeth 1 ☑ Netural 5 ☐ Pending	28e. Date of Injury (Month, Dey		Time of 28c. Injury Wo	ry at rk?	28d. Describe h			
sio	Attending or death. ector: After by the fune	cati	2 ☐ Accident Investigation 3 ☐ Sulcide 6 ☐ Could not be				Yes 2□No				
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	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical (29a. Certifier (Check only one) Certifying Physical Examination	ilclan: To the best of ner: On the besis of e	examination er	e, death occurred et the ti nd/or investigation, in my c	me, dete end place, e	and due to the c ed at the time, d	ause(s) and me ate end place,	enner as stated. end due to the cause(s)	
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			ROV CRASULAY	JA MU	ath (Item 23a)	(Type, Print)	THUMY.	DR B	CRL11	V. Md. 2181	1
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene . . Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** David Rodney Nordin Aug 26, 1996 8:40 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Manor Care Largo Prince George's Largo 5. Social Security Number 6. Sax XXM 2□ F 7. Aga (In vrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** Min. 472-14-5463 Months Days Hours Director Nov. 27,1918 Brainerd MN Usual Rasidance of Decedan death with the Maryland 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be nothed at 10d. Insida City Limits No 2 No Director N/A Washington, D.C. 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 121 4th Street N.E. U.S.A. Funeral 20002 12. Was Decedent Evar in U,S. Armed Forces? 1 Xyas 2 No 1942— If Yas, Giva 14. Race - Amaricen Indian, Black, Whita, atc. Was Dacedent of Hispanic Origin? (Specify Yas or No-lt Yas, specify Cuban, Maxicen, Puarto Rican, atc.) permit. Pages 1 end 2 should be filed within 72 hours effer to Department of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any Injury or other treumatic event. me Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐XNo Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: 1945 Completed 15. Dacedent's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupetion (Giva kind of work dona duning most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 11th N/A Artist Self-Employed 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Surnama) Be Charles G Nordin Melzer Martha 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Charles Nordin M.D. 365 West End Ave. Apt. 7F New York, N. Y. 10024 (Nephew 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stata 20a, Mathod of Disposition Data cematary, cramatory or other piace) 1 Burial 2 Cramation 3 Removal from Stata
4 Donation 5 Other (Spacify) Lee Crematory Clinton, Maryland Aug 28, 1996 22. Nama and Addrass of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 1 23a. Part1. Enter the disease, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** Immediate Cause (Final cerebro vascular accident 8.9 mont29. diseasa or condition rasulting in death) Examiner Examiner **burial-transit** Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Cause (Disaasa or injury Dua to (or as a consequance of): and physician a Records, P.O. Box 68760. 90 Physician/Medical that initiated evants rasulting in daath) Last Dua to (or as a consequence ot): 88 attending ed by the a detached f Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 3 Probably 4 ℃Onknown 1 TYes 2 No Anemia þ 24b. Ware autopsy findings available prior to completion of cause of death? should l A. Fibrilation Completed 24a. Was an autopsy certificate hes 1 T Yes 2 No 1 □ Yes 2 □ No Division of Vital Be 25. Was cesa ratarred to medical 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Assidence 6 Othar (Specify) 1 Yas 2 No 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima ot 28d. Describe how Injury occurred 28c. Injury at Work? Certification: After 5 Panding invastigation Attending 1 Natural death. To the Hospital or Attendit within 24 hours after death. To the Funerel Director: A completely filled in by the fu 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarminad 3 Suicida 28a. Placa ot Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28t. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medical (Check only one)

29c. Licansa number

D46478

29d. Data signed (Month, Day, Year)

8-27-96

State Registra

29b. Signature and title of certifier

31. Data filed (Month Day, Year) SEP 0 4 1996 32. Registrar's Signatura This Davidson Rardall

30. Name and addrass of person who completed ceuse of death (Itam 23a) (Type, Print).
Suresh Patel, MD 7501 Surrats Road #302, Clinton, Maryland 20735

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

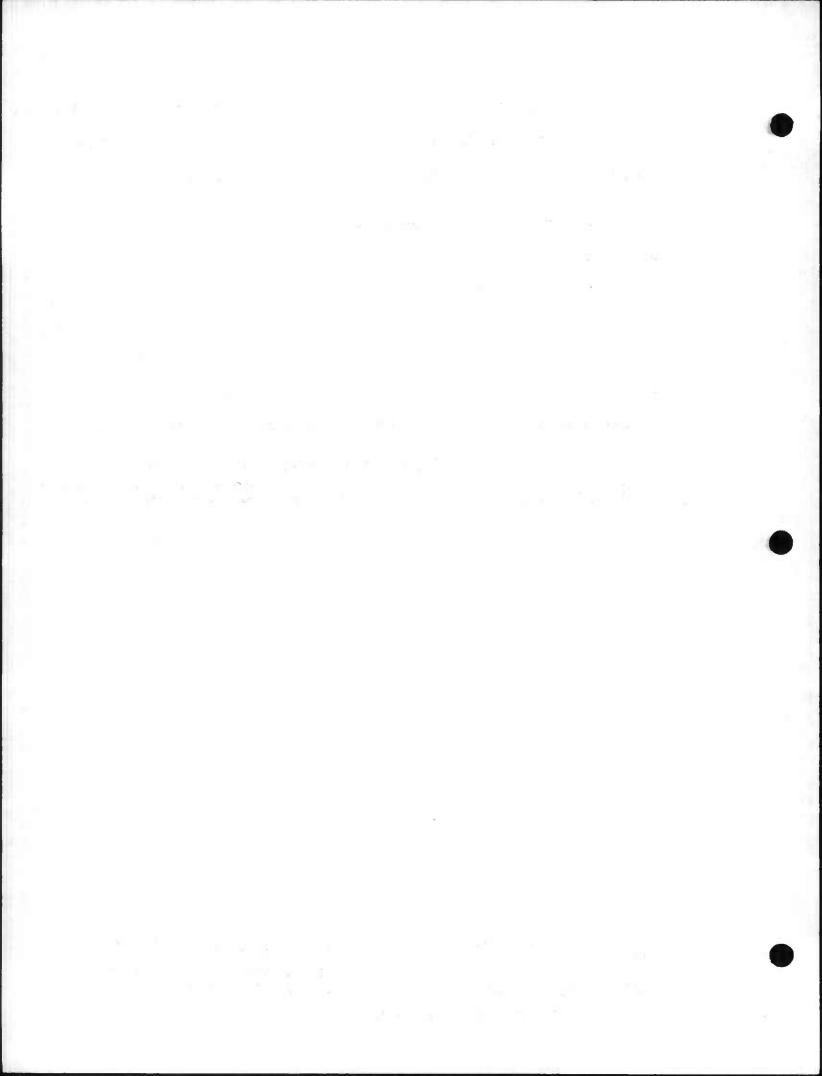
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Baltimore,	parmit. Pages 1 and Department of Health Important: if Item 27 any Injury or other to		X Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specifical Survice Vices)	(y)	1	Hil 22.		ery ss ot Facility e		Suitland Home, I	nd, Ma Inc 66	ryland 33 Old
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M. B. ALI, LCDR, MC, USNR State M. B. ALI, LCDR, MC, USNR BETHESDA MD 20889-5600 32. Registrer's Signeture				Mi Bo	il me)	GFE-072359 (CA) 9/3/96						
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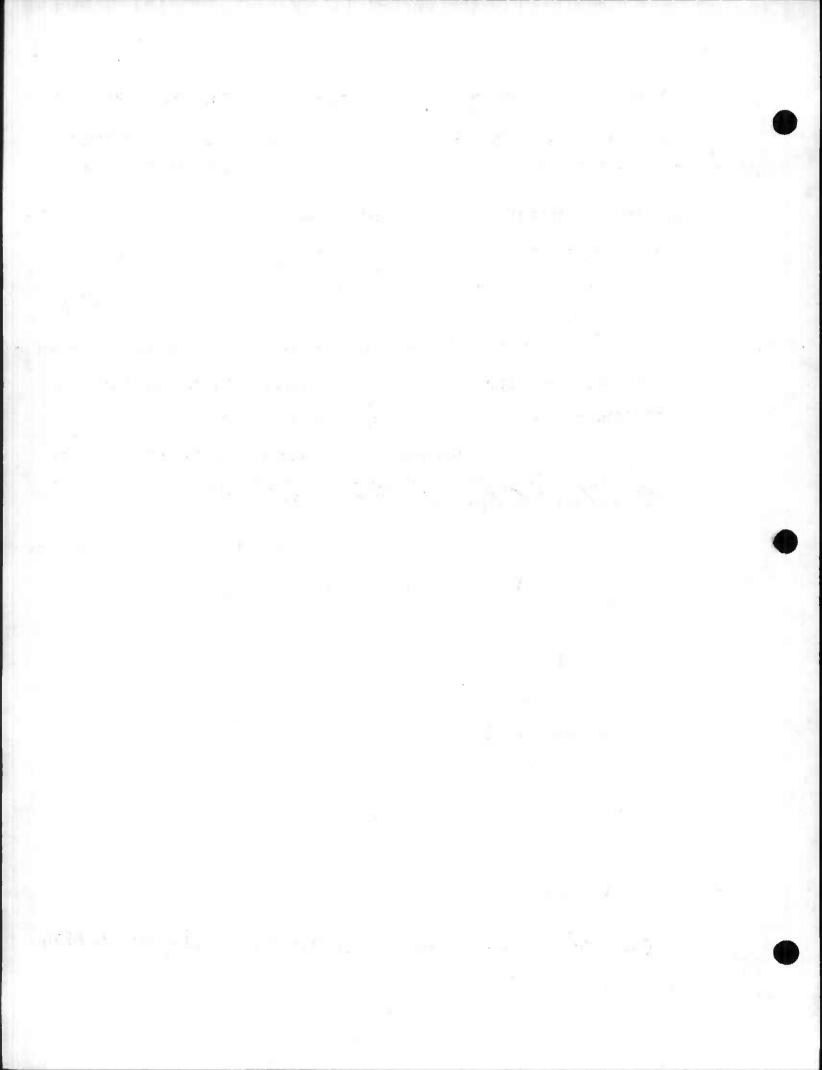
State of Maryland / Department of Health and Mental Hygiene Q 5

							cate c	of Dea	<i>tn</i>		Reg. No.		C 1	
Physic /Medi		1. Decedent's Name (First,	Middle, Last) R. POP	P						2. Dete of to Month SEPTE		Year 1996		me of Death
Exami		4a. Facility Nema (If not Inst R ADAM COWU			uma ca		•	B	ALTIL	Location of De	ath 4c. Count	y of Death	A	
Funeral Director		5. Social Security Number 217-28-6696 Usuel Residence of Decede	6. Sex 1 M 2 V	7. Age	62 Y		Under 1 Ya		ider 24 Hrs. Irs Min.			9. Bento Cour	olaca (Si	teta or Foreign
Marylan a-f show	ctor	Md Ca	rroll		Westmin							1		da City Limits Yas 2 No
within 72 hours after death with the Maryland ene. than "natural", or itema 23a or 28a-f show he Mad call Examinet must be notified at	Funeral Director	10e. Street and Number 3150 Halt	er Rd	Decedent E	Evar In U,S.		Of. Zip Coo		Origin? (S	specify Yes or I	10g. Citizen of	USA ce - Americ	ean Indie	en,
72 hours after "natural", or its	by	1 Never Merried 2	Married 1 TY	es 2 N Give or Detas:	lo		es 201			o ricali, etc.)	Speci	ock, Whita, fy: W	hite	<u>}</u>
d within 72 hours af giene. Ir than "natural", or the Hed call Exam	Completed	15. Dec (Specify only h Elementery/Secondery (0- C)	edent's Education nighast grade complate 12) Colleg	<i>ed)</i> ga (1-4or 5	+)	Decedent's Give kind life. DO N		cupation one during i stired)	most of wor	rking	16b. Kind of E		dustry	
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2 9 5 5		19e. Informant's Name/Rete Adams W. Popp			3150) Hal	ter l	Rd.We		ster,MI	ber, City or Town	, State, Zip	Code)	
8 = 2		20a. Method of Disposition 1 ☑ Burial 2 ☐ Creme 4 ☐ Donetion 5 ☐ Oth	er (Specify)	om Stata		cremeto g Men	y or othar noria	_{plece)} 1 Gar	dens	Date 9/13/96	Hanover		own, Ste	te
permit. Pe Departmen Important: any Injury		21. Signature of Funeral Ser	Little	e)	1 ^	Lit	tles		34 Ma	_	.Little	stown	, PA1	.7340
Physician /Medical Examiner		23a. Pert1. Entar the disees shock, or haert fellure. Immedieta Causa (Finat diseesa or condition resulting in deeth)			the deeth. Do no					or respiratory	errest,			kimete at Between and Death
hed nsit	Examiner		b	EPS										
ertificate be executed fing physician and as the bunal-transit		Sequentielly list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	o	SANG	Dua to (or es e co	UF	T L8	DWE	2 7	XTREA	rity			
eeth certificel ettending phy for use as th	an/Medicai	rasulting In death) Last	d. NE		TIZING	,	*	ITIS						
d by the detached	by Physician	Part II. Other significant cor	nditions contributing to			ha under	ylng causa	givan in P	art i.		d tobacco uee c			use of death?
ne law requires the has been signed as the should be considered to the signes of the s	Completed b									24a. Wa	is an autopsy formed?	av	allable p	opsy findings prior to n of cause
	Be	25. Wes case rafarred to me examiner?					boo		laca of Dea	1 E	Yas 2000	10	Yes	\$ No
To the Hospital or Attending Physician: within 24 hours after death. To the Euneral Director: After this certific completely filled in by the funeral director,	Certification: To	Z D Mooidail	ending (No	ete of Injury Month, Dey	Year) 28b. Tin	ne of ury	28c. II	njury et Work? 1 ☐ Yes 2		28d. Describ	sidence 6 Ot	rred		
ytal or Au urs after or ral Directilled in by		4 ☐ Homicide de	etermined 286, Pi	uilding, etc						City or T	(Street end Num own, Stete)			Number,
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	Medicai	one) 2 Med	· ·	the best of e basis of nanner stat	examinetion end/	deeth occ or Investig	ation, In m	ny opinion,	daath occu	, and due to th rred et the time	e, date and plece	, and due to	the car	
or with		29b. Signature and title of ce	Jan J	1	Tolay	36	MD	ense numb		6-L	29d. Date sign			
C.	to	30. Nathe and address of per JOHN ANTH 31. Data filed (Month, Dey, Y	ONY MAN	ULBA	ry mo	R	DA	Ma	DWIE	Y BALT	XK TRA	uma	CE	NTER
Sta Registr		SF	(ear) 32 P1 7 1996	Jali	Mudear	Rardal	1							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2766

						Ce	rtificate	of	Death			Reg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle Duain	LYN	DON	•	Pe	err	У		2. Date of D	eath 34,	1996	3. T 1 th
	Exami		4a. Facility Name (If not Institution CALVERT MEM			L					ocation of Dea		y of Death	ERT
	Funeral Director		5. Social Security Number 578-80-5809	6. Sex 1∭ M 2□ F	7. Age (In yrs 38	. last birthday) Yrs.	If Under 1 Months	Yaar Days	If Undar Hours	24 Hrs. Min.	B. Data of Bi	y, 1958	9. Birthr Cour OF	place (Stata or Foreign http: IIO
	death with the Meryland ima 23a or 28a-f ahow imat be invitted at	tor	Usual Rasidence of Decedent 10a. State 10b. County MARYLAND C.	ALVERT	10c. C	ity, Town or Lo	ocation JNTIN(GTC	OWN				1	Od. Insida City Limits 1 ☐ Yes 🎉 No
	ith the M or 28a-f	Directo	10e. Street and Number				10f. Zip C	oda				10g. Citizan of	What Cour	ntry?
	th with 23a or	O E	4037 BIRCH D	RIVE				2	20639			11.5	S.A.	
020	or its	by Funeral	11. Marital Status 1 Never Married Marr 3 Widowed 4 Divorced	Armed F	2 No		Was Deceder If Yes, specify			gin? (Sp	ecify Yes or N Ricen, atc.)		ce - Americack, White,	
215-0020	- 4	Completed	15. Deceden (Specify only highes Elementary/Secondary (0-12)	t grade completed		16a. Dece (Glve life.	dant's Usual kind of work DO NOT use	Occup done retired	pation during most d)	t of work	ing	16b. Kind of E		
2121	T1 C0 10 100	Eo	Elementally/Secondary (0-12)	1 YR.C	ÖLLEGE	CON	1PUTE	2 5	SPECI	ALI	ST	NAT.CA	SH F	EGISTER
p	e filed al Hygie other	Be C	17. Fathar's Name (First, Middle,	Last)					18. Mothe	r's Nam	e (First, Middle	, Maiden Suma		
a	should be nd Menta merked meric ev	To B	FLOYD WILL	IAM PER	RY				ARL	LYC	EMAE 3	J. NORI	QUIS	T
Maryland	0 0 0	-	19a. Informant's Name/Relations DEBORAH M.				ng Address (SAME		and Numbe			ber, City or Town		
Baltimore,	00-		20a. Method of Disposition 1 □ Burial 2 ☑ Cramation 4 □ Donation 5 □ Other (S)		Ctoto	Place of Dispo cemetery, crei	sition (Nama natory or oth	of er plac	ce)	ORY	Date 9 - 3 - 0	20c. Location		
Baltin	permit. Peg Department Important: I any Injury o		21. Signature of Funeral Service		P	/ 22 F	Name and	Addra JD	ss of Facilit	y RAL	HOME D 2075	1	MINDI	III, VII.
	Physician /Medical		23a. Fant I. Enter the disease, or shock, or heart failure. List Immediate Cause (Final disease or condition			th Do not ent	er tha moda	of dylr	ng, such as	cardiac	or respiratory	arrest,		Approximate Interval Between Onset and Death
	Examiner	Examiner	rasulting In death)	b. Acc	Dua to (or es a consec Tmr or as a consec	nuence of):	1)efr	cler	rey I) rord	er	6-8 wks. Years
¢ 68760,	centificate be executed vding physician and use as the burial-transit	/Medical Ex	Sequantially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	c		or es a conseq								
Box		lcian/	Dari II Other elepidicase conditio	O.	danth history and in	authia - Ia Ab			on la Dani I		DON DIA	Anhana		
, P.O.	es thet the death igned by the etter be detached for t	y Physician	Part II. Other eignificant condition	Pne	umon	TAKE .	Sept	re	ma			Yee 2 No		the ceues of death?
Division of Vital Records,	requir been s should	Completed by	Acute Hepe	at this	B							s an autopsy ormed?	av	ere autopsy findings ailable prior to mpletion of ceusa death?
20	ician: The lav certificete hes rector, page 2	E O									1 🗆	Yas 2 No	1[Yes 2□ No
ita	an: rtifice	Be	25. Was casa raferred to medical						26. Place	of Deat	h (Check only	one)	1	
†	Physic this ce	2	axaminer? 1 ☐ Yes 2 🕱 No	Hospital:	Inpatient 2	ER/Outpatier	t 3 DOA	Oth	er: 4 🗆 Nu	rsing Ho	me 5 Res	Idance 6 🗆 Ot	her (Specif	y)
ion o	eth. r: After th		27. Manner of Death 1 ANatural 5 Pending 2 Accident Investig	9	of Injury nth, Day Year)	28b. Time of Injury	280 M	Injur Wor				how Injury occu		
Divis	al or Attending I s efter deeth. il Director: After ed in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide detarmi	ned 289. Plac	e of Injury - At h ding, atc. (Speci	nome, farm, str	aat, factory, o	office				(Street and Num wn, State)	ber or Rura	I Route Number,
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director After this certific completely filled in by the funeral director,	edical	29a. Certifier 1 Certifying (Check only one) 1 Medical E	Physician: To the examiner: On the b and mar	e best of my kno pasis of examina nner stated.	owladga, daath ation and/or Inv	occurred at restigation, in	the tin	ne, date and pinion, deat	d place, th occur	and due to tha red at tha time,	causa(s) and m	anner as s and due to	tated. the cause(s)
	Withi Toth	M	29b. Signatura and title of certifier	P. Ste	mes	MD	29c. L		a number	5		Angus		Day, Year) 1996
	15		30. Nama and address of person v	C 1	isa of death (Ita		Print)							
	Sta Registi		31. Date filed (Month, Day, Year) SEP - 3		Registrar's Sign		fall	T						

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SIVISON MEDIN

 Birthplace (Stata or Foreign Country) PENNSYLVANIA

						Ce	rtificate	of L	eath		Reg. No.		
Discolat		1. Decedant's Neme (Fin	st, Middla, Las	t)						2. Data of De Month	ath Day	Yaar 3.	Tima of Death
Physicia Medic		RUSSELL		DICKEN		R	ICE			AUGUS			0530 A
Examin		4a. Facility Nama (If not i	nstitution, giva	street and nur	n <i>ber)</i>			4b	. City, Town, or Lo				0550
		SACRED HEAD	RT HOSE	PITAL					CUMBERL	AND	AT.	LEGANY	
Funeral		5. Social Sacurity Number			7. Aga (In yrs.	last birthday)	If Undar 1		If Undar 24 Hrs.				(Stata or Foreig
Director		214-48-3354 Usual Rasidanca of Dace		DM 2□ F		86 Yrs.	Months [Days	Hours Min.	Aug.4,			LVANIA
Mand Mand			County		10c. C	ty, Town or Lo	ocation					10d. i	nsida City Limit
is 1 and 2 should be filed within 72 hours after death with the Manyland is 1 and 2 should be filed within 72 hours after death with the Manyland I the filed marked other than "nature!", or items 23s or 28s-1 show other traumetic event, to a Made all Eventines must be notified at	tor	PA	BEDFOR	D	E	BEDFORD						1	Yas 2 N
7 28	Director	10e. Street and Number					10f. Zip Co	oda			10g. Citizen of 1	What Country?	
23a c	a D	ROUTE 3 . I	3OX 238	}			15	522			U.S.	7\	
ter deat	Funeral	11. Merital Status		12. Was Dece	dent Ever in U	J,S. 13.			panic Origin? (Sp , Maxican, Puarto	ecify Yes or No	- 14. Red	Rece - Amarican Indian,	
or he		1 Navar Married	2 ☐ Married	Armed Fo 1 ☐ Yas If Yas, Giv			_			Hican, atc.)		ck, White, etc.	
or, o	by	3 ☐ Widowed 4 ☐ 0	Divorced	Yaar or Do	etes:		1□Yas 2√C	XNO	Specify:		Specify	WHIT	E
72 hours naturel',	ted	15. [Decedant's Ed	ucation		16a. Dece	dant's Usual C	Occupat	ion	ria a	16b. Kind of B	usiness/Industr	у
F . F	ed.	Elemantary/Secondary		da complated) College (1	-4or 5+)	lifa.	DO NOT use	retired)	ring most of work	arry			
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2 should be filed within and Mental Hygiene. Is marked other than aumatic event, trailing.	Bec	17. Fathar's Nama (First,	Middla, Last)					1	18. Mothar's Nam	a (First, Middla,	Maiden Suman	ne)	
Ald b Aenta Ked	ToB	WILLIAM G.	RICE						HATTIE	DICKEN			
should N		19a. Informant's Name/F	lalationship (7	ype, Print)		19b. Malli	ng Addrass (S	Street ar	nd Number or Rur		er, City or Town,	Stete, Zip Cod	fe)
P5.5		ORPHIA R. I	ONG			RO	UTE 3,	BO	238 - 1	BEDFORD	. PA 15	5522	
s 1 and of Health item 27 other tr	Ì	20a. Mathod of Disposition	n		20b.	Pleca of Dispo	sition (Nama	of		Data		- City or Town,	State
nemit. Pages 1 an Department of Heal Important: If Item 2 Inty Injury or other		1 ☐ Burial 2 ☐ Cra 4 ☐ Donetion 5 ☐ 6				cematary, cred				8/31/96	CIMPE	M CITAL TO	ARYLAND
ortan Injur	ŀ	21. Signeture of Funaral					2. Nama and			3/31/30	COPIDISI	VINIO, III	WILITHIAD
permit. Page Department of Important: If I any Injury or once.	. [11	(A)) /	10.00				IURCH FUI	VERAL H	OME. PA		
	Ц	23a. Part1. Enter the de	181	ugochi	no							1502	
100		23a. Part1. Entar tha die shock, or haart failu	easa, or comp ire. List only o	ellications that cone cause on a	aused tha dea ach lina.	th. Do not en	er tha moda o	of dying,	such as cardiac	or raspiratory a	rrest,	Inta	oroximata Irval Between
Physician												Uni	sef and Death
/Medical Examiner	н	Immediata Causa (Final disease or condition		, C	enon	AL E	MBOL	.US				The	OA -
LAUITITICI		resulting In death)			Dua to (1						
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e ex	0	Sequentially list condition if any, laading to immedicause. Enfer Underlying Causa (Disaase or injury that initiated events	ata	_									
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that the death ed by the atter detached for	Physicia	Part II. Other significant	conditions co	ntributing to de	ath but not ras	sulting in tha u	ndarlying cau	sa givar	n in Part I.	23b. Dld	tobacco use co	entribute to the	cause of death
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	by	76	20515										
The law requires that the death tite has been signed by the site page 2 should be detached for	Completed									24a. Was	an autopsy ormed?	availab	utopsy findings la prior to
Physician: The law requires the tribic certificate has been signed and director, page 2 should be contacted.	pie					-						of deat	tion of cause h?
The his page	TIO.									10	Yas 20 No	1 □ Ya	s 2 No
	Bec	25. Was casa rafarred to	medical						28. Placa of Deat	th (Check only o	one)		
ysici is cer direc	2	axaminar? 1 ☐ Yas 2 ☑ No		Hospital:	npatiant 2□	ER/Outpatier	nt 3□ DOA	Othar	. 4□ Nursing Ho	ome 5 Resi	dance 6 Oth	nar (Specify)	
fing Phy The this		27. Mannar of Death		28a. Date (of Injury	28b. Tima o		injury a			how injury occur		
oding ith. : After e fune	tho	1 Vaturel 5 2 Accident	Panding investigation	1	h, Day Year)	Injury	М		as 2 No				
or Attending Physician: after death. Director: After this certific in by the funeral director.	fice	3 ☐ Suicida 6 ☐	Could not be	28a. Placa	of injury - At h		aat, factory, o	offica		28f. Location (Straat and Numb	ber or Rural Ro	uta Number,
i Die o	Certification:	4 Homicida	Securifica		ng, atc. (Speci					City or To	wn, Stata)		
To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifiar 1	Certifying Phy	sician: To the	best of my kno	owiedga, deati	occurred at t	tha time	, data and place,	and due to the	causa(s) and m	annar as stated	1.
To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only 2 1	Medicai Exam	Iner: On the ba	isls of axamina	ation and/or in	vastigation, in	my opi	nion, daath occur	red at the fime,	data and place,	and dua fo the	causa(s)
To the within 2 to the comple	Σ Z	29b. Signature end title.o	Leartities	and mark			29c. L	icensa	number		29d. Data signe	ed (Month, Dav.	Year)
E < E X			11/10								ATTOTTOM	20	001

29b. Signature end title of

D33417 (M)

29d. Data signed (Month, Day, Year) AUGUST 29, 1996

30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print)

James R. MOEN, LAVALE MO 21502 1068 WATIONAL UNIT wo

Registrar



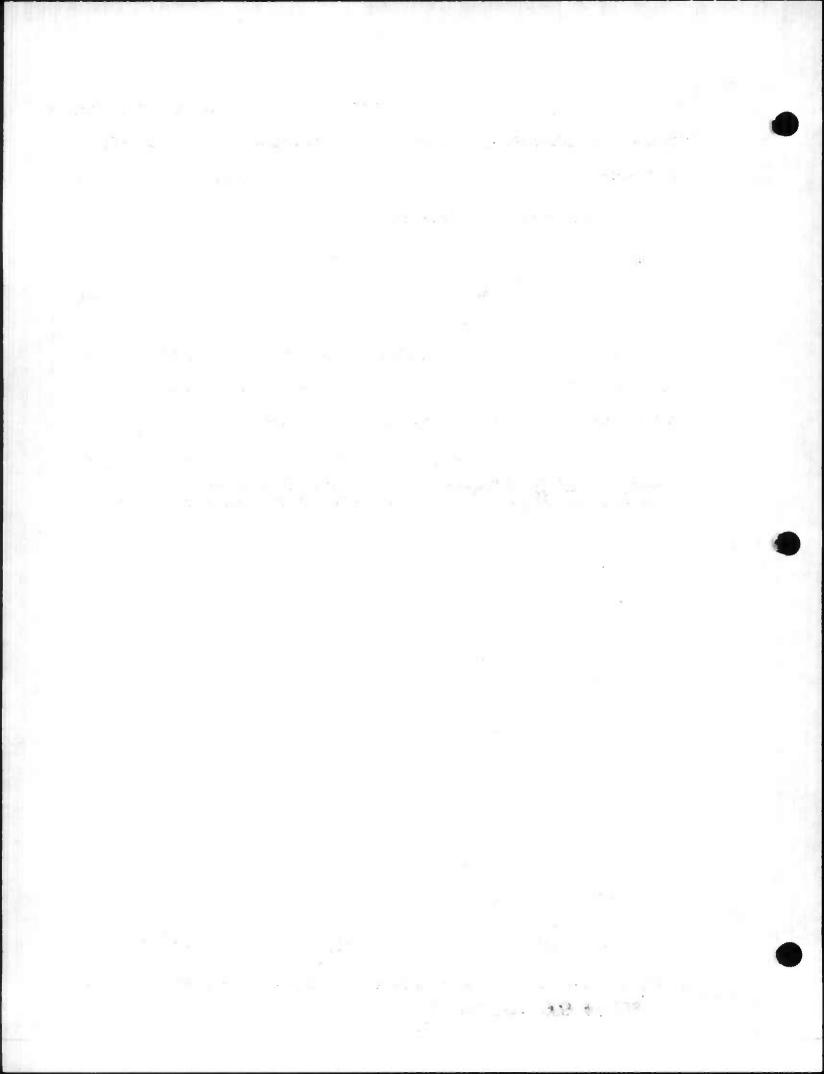
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State of Maryland / Department of Health and Mental Hygiene 96 27663

				Certifica	te of	Death	R	leg. No.		
Dhyelele	1. Decedent's Name (First, Middle,	Last)					2. Date of Dea Month	th	Ven	3. Tima ot Death
Physician /Medical	LUTHER			ROS	E		SEPTEME	BER 5	Year 1996	8:35 PM
Examiner	4a. Facility Name (If not institution,	give street and number	er)			4b. City, Town, or	Location of Daath	4c. County		
	MEMORIAL HOSPITA	L & MEDICA	L CENTER			CUMBERLA	AND	ALL	EGANY	
uneral frector	5. Social Sacurity Number 205-26-4604 Usual Residence of Decedant	. Sex 7. / 1 X M 2 □ F	Age (In yrs. lest bir 63	thday) If Under Months Yrs.	or 1 Yaar Deys	If Under 24 Hrs Hours Min.	8. Date of Birth (Month, Dey APRIL 2)	, Year)	9. Birthp Cour	placa (Steta or Forentry) PA.
ž ==	10a. State 10b. County		10c. City, Tow	n or Location					1	0d. Inside City Limi
hed at	PA. BEDF	ORD	BEDFC	RD						1□ Yes 2□N
be notified Director	10e. Street and Number			10f. Z	lp Code		1	0g. Citizen ot 1	What Cour	
al Di	RD# 6				1550	10				
Funeral	11. Marital Status	12. Was Decedar	t Ever in U,S.	13. Was Deci	1552 edant of F	lispanic Origin? (S	pecify Yas or No-	U.S.	a - Americ	an Indian,
b	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces 1 ☐ Yes 2F If Yas, Give Year or Datas	₹No	1 Yes		an, Mexican, Puart Specify:	o Rican, etc.)	Specify	ck, White, v: WH	etc. IITE
ted	15. Decedant's (Specify only highest (Education	16a.	Decadent's Usi	ual Occup	pation	4.4-	16b. Kind of B	usiness/inc	dustry
mple	Elementary/Secondary (0-12)	College (1-4o	r 5+)	life. DO NOT	use retire	during most of word)	rking			
	12		BED	FORD SP	RING			GROUNDS	-	PER
1 0	17. Father's Name (First, Middle, Le						ne (First, Middle, I		10)	
	WILLIAM HENRY RO						LBERTA ZI			
2 2	19a. Intormant's Name/Relationship MAXINE ROSE	(Type, Print) WIFE	19b RD			end Number or Ru D PA 1552		, City or Town,	Stete, Zip	Code)
to di	20e. Method of Disposition	DRamauri faran Stat	com otor	Disposition (Nerv., cremetory or		ce)	Date	20c. Location -	City or To	wn, State
ס לנוז	1√2 Buriai 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		8			RY SEPT	1996	CENTERV	ILLE.	PA.
any Injury or other t	21. Symmum of Funeral Service Lit	enseed 9	+			ss of Facility ams Funer R STREET		AND MAR	YI.AND	
	23a. Part1. Enter the disease, or co shock, or heart tailure. List on	mplications that causily one cause on each	ed the death. Do r	not enter the mo	da ot dylr	ng, such as cardiad	or respiratory arr	est,		Approximata Interval Between
sician		, 5110 00000 011 00011	ming.						1	Onset and Death
dicai niner	Immediate Cause (Final disease or condition	PULMONA	ARY EMBOI	LISM						1 HOUR
	resulting in death)	0.	Due to (or as a):					HOOK
sit nine		BRAIN T	TUMOR, TH	EMPORAL	LEFT				(6 MONTHS
Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or as a c	consequence of)	:				t	
	Cause. Enter Undarlying Ceuse (Disease or Injury	C							1	
edical Examir	thet initiated events resulting in death) Last		Due to (or as a c	onsequence ot)					i	
Se e		d								
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be detached for under the best per by Physician	Part II. Other algnificant conditions	contributing to death	but not resuiting in	the underlying	cause giv	en in Part I.	23b. Did to			the cause of death pably 4 Unknow
2 should pleted							24a. Was a perform		ava cor	ere autopsy findings allabla prior to mpletion of cause deeth?
rector, pega							1 □ Ye	s all No	10	Yes 2□ No
Be C	25. Was case referred to medical					26. Plece of Dea	ith (Check only on	e)		
- C	examiner?	Hospital: Inpat	ient 2 ER/Out	tpatient 3 D	OA Oth	or.	ome 5 Reside		ar (Specifi	()
20 00	27. Manner of Death Natural 5 Pending 2 Accident investigati			ime of njury M	28c. Injun Worl 1 🗆	yat k? Yes 2 □ No	28d. Describe ho	w injury occur	red	
ed in by the funer Certification:	3 Sulcide 6 Could not 4 Homicide determine	d 286. Place of in	njury - At home, far tc. (Specify)	m, street, factor	y, office		28t. Location (St City or Town	reet end Numb n, Stete)	er or Rure	Route Number,
lical	29a. Certifier Certifying F	hysician: To the best iminar: On the basis of and mannar s	of examination and	death occurred for investigation	et the tim	ne, dete end placa pinion, death occu	, and due to the ce rred at the time, de	euse(s) and ma ete and placa,	nner as st and due to	ated. the cause(s)
Mec	29b. Signature and title of certifiar			29	c. License	e number	and the same of th	9d. Data signed		Day, Year)
- 1	\ /\ . ~			D	1 / 20	30	50	04/6/	61	
7	(ausery)			LU.	1438	, ,	CA-SA			

State 31. Date filed (Month, Dey, Yeer) 1996 Registrar

AUGUSTO FIGUEROA M.D., MEMORIAL HOSPITAL MEDICAL BLDG., CUMBERLAND, MD 21502



State of Maryland / Department of Health and Mental Hygiene

27664

					Ce	ertificate c	of Death		Re	g. No.		
			1. Decedent's Neme (First, Middle, Las	t)				2.	Dete of Deet			3. Time of Deeth
	Physic /Medi		Philip Clinton	n Redmon	1			S	ept. 1	, 1996	Yeer	1:20PM
7	Exami		4e. Facility Neme (If not institution, give					wn, or Locati	ion of Deeth	4c. County		
			6809 Coolridge					p Spri				orge's
	Funeral Director		5. Social Security Number 6. Se 579–18–7087	X 7. Age	78 Yrs.	Months De		Min. Ma	Dete of Birth (Month, Day, ICC I	(,1918	9. Birthp Coun	lace (State or Foreign try)
	Maryland H show	tor	10a. Stete 10b. County Maryland Prince G		10c. City, Town or I Camp	ocation Springs					1	0d. tnside City Limits
	h with the	Funeral Director	10e. Street and Number 6809 Coolridge Ro	ad		10f. Zip Cod	e 20748			og. Citizen of V Jnited		
020	Juithin 72 hours after death with the Maryland ilene. Than "natural", or itema 23a or 28a-f show the Modical Examiner must be notified at	þ	11. Meritel Status 1 Never Merried XX Merried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 No. If Yes, Give Yeer or Detes:		Wes Decedent of If Yes, specify C	uben, Mexicar	n, Puerto Rici	/ Yes or No- an, etc.)	Bied	e - Americ ck, White,	etc.
21215-0020	2 2	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	le completed) College (1-4or 5+	(Giv	edent's Usuei Oc e kind of work do DO NOT use rel	ne during mos tired)			16b. Kind of B		
	il Hygiene. other than	S	12th	N/A	Roc	ofing Co				AB &		ofing
Maryland	S a b	To Be	17. Fether's Neme (First, Middle, Last) Wilby Jackson Re	dmon			No	ora	Tule	feiden Sumen		
	od 2 sh ith end 27 is m		19e. informent's Neme/Rejetlonship (T Caudia A . Redmon		19b. Mai 7603	ling Addrass (Str L Poplar	eet end Numbe Hill I	er or Aural A Lane, (oute Number, Clintor	City or Town, n, Mary	Stete, Zip Land	20735
Baltimore,	00 00 00		20e. Method of Disposition 1 ☒ Buriel 2 ☐ Cremetion 3 ☐ 6 4 ☐ Donetion 5 ☐ Other (Specify,		Southern	emetory or other in Memoria	al Gard		996		k, M	aryland
Balt	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funerel Service Licens	H 4		22. Name end Ad 5633 Old						Md 20735
	Physician	5	23a. Part. Entar the disease, or comp shock, or heert feilure. List only o	licetions thet caused t ne ceuse on each tine	the deeth. Do not e	nter the mode of	dylng, such es	cardiec or re	espiretory erre	est,		Approximete interval Between Onset and Death
	/Medical Examiner		Immedieta Causa (Final disease or condition resulting in deeth)	a. CF	4/ ² Due to (or es a conse	navona all						
	n #	Je.		. Anen		oquence or j.					!	
68760,	eath certificate be executed attending physician and for use as the buriel-transit	Medical Examiner	Sequentielly tist conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c. Arr	oua to (or es e conse by them a out to (or es a conse	equence of):						
Box 6	th certific tending p or use as		· ·	Rens	-C I	nou st	cinci	7				- F - B
0	0 0 2	Physician	Part it. Other significant conditions co	ntributing to death but	t not rasulting in the	underlying cause	given in Pert I	l.	23b. Did to	bacco use co	ntribute to	the cause of death
0	thet the de ned by the a detached		3-4 pK/1	Cis.					1 1 Ye	8 2□ No	3 Prot	bably 4 Unknow
Records,	law requires thet the les been signed by the 2 should be detache	Completed by	Gartrotis	0					24a. Was ar perform		COL	ere autopsy findings ellebte prior to mpletion of cause deeth?
Ĕ	0 - 0	Eo							1□ Ye	s 2 No	10	Yes 2 No
Vital	ician: The certificate rector, per	Be C	25. Wes case referred to medical				26. Place	of Death (C	heck only one	ө)		
_	0 0	To	axamtner?	Hospitet: 1 🗆 Inpatien	t 2 ER/Outpation	ent 3 DOA	Other: 4 Nu	ursing Home	5 PReside	nce 6 Oth	er (Specif)	y)
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Division	s offer deet in Director: ed in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injur building, etc.	ry - At home, farm, s (Specify)	treet, fectory, offi	се	281.	Location (Str City or Town	reet and Numb , State)	oer or Rura	l Route Number,
	To the Hospital or Attent within 24 hours effer deet To the Funeral Director: completely filled in by the	edicai	29e. Certifier (Check only one) 1 □ Certifying Phy 2 □ Medical Exami	sician: To the best of ner: On the basis of e and manner stet	examination end/or i	oth occurred et the nvestigation, in m	e time, dete en ly opinion, daa	nd piece, and oth occurred a	dua to the ca at tha time, da	use(s) and ma ate end pieca,	annar as st and due to	tated. the ceuse(s)
	To the Company	M	29b. Signeture end title of certifier	De-	D mpl		ense number	md	25	9d. Date signe $9/3$	196	Day, Year)
			30. Name and address of person who con Delbert Perkins,				per Ma	rlboro	, Mary	land 2	0772	
	Sta Registi		31. Dete filed (Month, Day, Year) SEP 0 4 19	96 32. Registrer	's Signeture Davidson Ra	rdall						

and and the Section 4

State of Maryland / Department of Health and Mental Hygiene

96

SALISBURY

560 RIVERSIDE DR

TRAVITE MD

72, Registrer's Signeture

MD 21801

27665

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Dey 20 **Physician** Year LOUISE A. RENCHER Hugust 1996 1225 /Medical 4b. City, Town, or Location of Death 4a. Fecility Neme (If not Institution, give street and number) 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 8 / 28 / 1920 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2√2 F 555-09-1148 75 Yrs Director Chicago, Ill. Usual Residence of Decedent 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene.

la marked other than "natural", or itema 23s or 28s-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 la marked other than "natural", or itema 23a or 28a-f shov other traumatic event, the Medical Examiner must be notified at Director 1 Yes 2 No Wicomico Md Bivalve 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20790 Cove 21814 U.S.A. Road Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? Wes Decedeni of Hispanic Origin? (Specify Yes or No-it Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 TNo If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No White þ Specify: 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Personel Manager Soup Co. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Richard H. Allen Marie Little 19e. Intorment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 si Department of Health and Important: If item 27 is n any injury or other traun 3476 Windmill Hill Road, Bivalve, Md JoAnne Hoeffiner (Daughter) 21814 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Suriel 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Grove Cemetery 8/23 Jesterville, Md. 22. Neme end Address of Facility M00 - 417Messick Funeral Home, P.O. Box 61 Bivalve, Maryland 21814 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear teilure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) LUNG CARCINOMA 2 MONTH 1ETASTATIC Examiner Due to (or es a consequenca of) Examiner attending physician and for use as the burial-transit certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es a consequence of): Box 68760 Physician/Medical Due to (or es a consequenca of): signed by the a d be detached f Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown COPD þ 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Wes an eutopsy performed? peeu has 1 Yes 1 ☐ Yes 2 ☐ No after death.

Director: After this certifications 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1 Yes No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Mopatient 2 ER/Outpatient 3 DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 3 ☐ Sulcide Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as stated.

| Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signature end title of certifie 29c. License numbar 29d. Dete signed (Month, Day, Year) MA D36576 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

State Registrar KONALD

31. Dete filed (Month, Dey, Year)

AUG 26 1996

State of Maryland / Department of Health and Mental Hygiene

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			Ce	rtificate of	Death		Reg. No.		_ / 0 0 0
hysician /Medicai		Rutt				2. Dete of Dea Month August	ath Dey	96	3. Time of Deeth 9:40 ^P
xaminer	4e. Facility Name (If not institution, gir		. 1 =			r Location of Deeth			- 11 1
nerai ector		Medical Su Sex 7. Age (In y 18 M 20 F 68	rs. last birthday)	If Under 1 Yee Months Deys		s. 8. Date of Birt	h y, Year)	9. Birthpiec Country, Bangor	e (State or Foreign
W III	Usual Residence of Decedent 10a. State 10b. County	10c.	City, Town or Lo	ocation					Inside City Limits
be notified Director	Delaware Sussex	Sel	lbyville	2					1 ☐ Yes 2/Q/No
al Dire	R.D. 2 Box 135-A			10f. Zip Code	975		10g. Citizen of V USA	What Country	?
To Be Completed by Funeral Director	11. Maritei Status 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates:		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 🖾 No		Specify Yes or No- rto Ricen, etc.)	14. Rac Bled Specify	e - American ck, White, etc. .: Whi	
t, tra Magral	15. Decedent's E (Specify only highest gri Elementery/Secondery (0-12)	ducetion ade completed) College (1-4or 5+)	(Give	DO NOT use retir	e during most of w	orking	16b. Kind of Bu	usiness/indus	
event, Be C	17. Father's Name (First, Middle, Last) =	carpe		18. Mother's Na	ame (First, Middle,			T.
To	Osburn Rutt Sr.				Lucy Ha				
	19a. Informant's Neme/Reletionship (Helen Possinger					Rural Route Numbe Lbyville,			ode)
any Injury or other t	20a. Method of Disposition 1 ☐ Burial 2 XX remation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	Removal from State	cemetery, crem	esition (Name of matory or other pl Crematory		Date s8/24/96	20c. Location - Dover,		
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ician dical niner	Immediate Cause (Final disease or condition resulting In deeth)			ny Ede, juence of): Anem				Or	o day
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I director,	25. Was cese referred to medicel examiner?	Hospitai: 1 Inpatient 2	☐ ER/Outpetien	t 3 DOA	hor:	eeth <i>(Check only o</i> Home 5 ☐ Resid		or (Connibil	
ed in by the funeral Certification: T	27. Manner of Deeth 1 Netural 5 Pending Paccident Investigation	28e. Dete of Injury (Month, Dey Year)		28c. Inju		28d. Describe h			
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Certi		yalclan: To the best of my kr	nowledge, deeth nation end/or inv	occurred et the trestigetion, in my	ime, date end plac opinion, deeth occ	e, end due to the durred at the time, d	ause(s) and ma lete and plece, a	nner as state	d. e ceuse(s)
pletely filled in by	29a. Certifier 1 Certifying Ph (Check only 2 Medical Exam	end manner stated.							
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State of Maryland / Department of Health and Mental Hygiene

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l	Funeral Director		146-20-7643 Usual Rasidance of Decedent	1 M		70	Yı	00)/	Months	Days	Hours	Min.	8. Deta of Bir (Month, Da July 25,	y, Year 1926) s	Coun New J	iace (State or F itry) Jersey	oreign
	and w		10a. Stata 10b. County	1		10c. City	y, Town	or Loca	tion							1	0d. Insida City I	Limits
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			30 Number and address of	who ((<	district division	M011.00	distance of the con-			101	ne	1.	9	0/1	16	000	0
	115 8		30, Name and address of person	The comple	is a	death (Item	ELE	ype, Pri	" Me	F	(0	20	The	- /	yeu	EF	1000	14
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	Sta Registr		31. Data filed (Mooth, Pay, Xear)	1996	Jamo	Huules	-Ran	lall.						U				

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Physic: /Medi		DONALD DA	LE RO	BINET	TE					2. Dete of De Month AUGUS	T 2		Yeer 996	3. Time of Death 10:02 A
1	Examir		48. Facility Neme (If not institutio		umber)						cation of Deet		c. County		
Н	IIA IIA		SACRED HEART 5. Sociel Security Number	6. Sex	7 Aco (le	yrs. lest birthda	if Under	1 Vaa	CUMBE if Under		_		LLEG		(O)
	Funeral Director		212-24-1395	0.59X M☐M 2☐F	68	Yrs. lest birthda Yrs.	Months	Deys		Min.	8. Dete of Bi (Month, De Apr 2	2, Yea	928	9. Birthple Counti MD	aca (Steta or Foreign y)
	pue ***		Usual Rasidance of Decedant 10a. Stete 10b. County		10	c. City, Town or	Location							10	d. inside City Limits
	e Maryi Sa-f sho	Funeral Director	MD Alleg				erland								1 □ Yes 🕻 No
	£ 22	등	10e. Street and Number				10f. Zip	Coda				10g. C		Vhat Counti	γ?
	eth w	rai	12817 Winchest	er Road S	SW			150					USZ	A	
	er de	nue	11. Meritel Stetus	12. Wes Dec Armed F	orges?	In U,S.	Wes DecededIt Yes, specific	dent of cify Cul	Hispanic Ori ben, Mexicar	igin? (Spec n, Puerto F	cify Yas or No Rican, etc.)	>-		e - America k, White, a	
0000	d within 72 hours after deeth with the Maryland liene. Then "natural", or items 23s or 28s-f show the Modical Examinet must be notified at	by	1 Never Merried Mar 3 Widowed 4 Divorced	H Yes G	2\ No live Detes:		1 ☐ Yes	X No	Specify:				Specify	wł	nite
5-0	72 h	etec	15. Deceder (Specify only highe	it's Education)	16a, De	cedent's Usua ive kind of wo	ai Occu	pation	t of workin	na	16b.	Kind of Bu	siness/Indu	ıstry
21215-0020	within jene. Than	Completed	Elementery/Secondery (0-12)		(1-4or 5+)	Reti	DO NOT us	se retin	ed)	, or works	.9	PE	G In	dustr	ies
b	d 2 should be filed v th end Mental Hygie 7 Is marked other to traumatic avant, to	Be C	17. Fether's Neme (First, Middle,	Last)					18. Mothe	er's Neme	(First, Middle	, Meide	n Sumam	re)	
Maryland	should be nd Menta marked maric sy	To B	George Robin	ette					011	ie (0	rndorf	f)			
ary	should No	-	19e. Intorment's Name/Reletions	ship (Type, Print)		19b. Ma	ailing Address	(Stree	at and Number	er or Rurel	l Route Numb	er, City	or Town,	Steta, Zip (Code)
	Barr		Evelyn P. Rob	inettew	ife	128	17 Win	che	ster R	Road S	SW; Cur	nber	cland	, MD	21502
ore.	of Healt of Healt fitem 2 r other		20e. Method of Disposition			Ob. Plece of Dis	sposition (Ner	ne of	ece)		Dete	20c. l	Location -	City or Tow	m, Stete
E			1 Buriai 2 Cremetion 4 Donation 5 Other (5		Stete	Sunset 1				0	8/27	Cu	mber.	land,	MD
Baltimore,	pemit. Peg Department Important: If any Injury o		21. Signeture of Funerel Service	Licensee		11	22. Name en Scar	d Addr	ess of Fecilit	heral	Home			,	
-	_		220 Port Enter the disease of	$Z_{\mathcal{A}\mathcal{C}}$	ay	Rucy			and, N		1502	wo at			Approximete
	Physician /Medical Examiner		23e. Perty Enter the disease, or shoek, or heert teilure. List immediate Cause (Finei disease or condition resulting in deeth)	only one ceuse on	0 ST	POSE U	2002	B	SETES	3					Interval Between Onset and Death
. 68760,	n certificate be executed anding physician and use as the buriel-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last	b. ————————————————————————————————————		to (or as a cons									
SOX	th ce lending r use	an		d								-		i	
. B	e death	Physicia	Pert ii. Other significant condition	one contributing to	leath but no	at resulting in the	e underlying c	ause g	iven in Pert I),	23b. Did	tobacc	O USO CO	ntribute to	the cause of death?
P.0	that the den	P.	Calo dar K:	miei b	kon	*					1 🗆	Yea	200 No	3 Probe	ably 4 Unknown
S	signe d be d	þ	STOCK INC.	0000	Ler 4										
Records,	need hour	Completed	XIABORES M	allizs							24a. Wes	an aut ormed?	opsy	svai	re autopsy tindings lable prior to upletion of cause sath?
Ě	0 - 0	mo:	HYPERROUS	Cos							10	Yes :	2 No	10	Yes 20 No
Vital		Bec	25. Was casa reterred to medica						26. Plece	of Deeth	(Check only	one)			
of V	ysician: is certific director,	To	examiner? 1 ☐ Yes 25 No	Hospitei:	inpatlant	2 ER/Outpat	tient 3 DC	DA O	ther: 4 🗆 Nu	ursing Hom	ne 5□Res	dence	8 DOth	er (Specify)	
	Attending Physician: r death. ector: After this certific by the funeral director,		27. Menner of Deeth 1. Neturel 5 Pendir 2 Accident investi	.9	of injury oth, Dey Ye	ar) 28b. Time injur	of 2 y M	8c. inju	ury et ork? ⊒Yes 2 □		8d. Describe	how inj	ury occur	red	
Division	or Attendi after death Director: A d in by the f	Certification:	3 ☐ Suicide 6 ☐ Could determ	nined 286. Plac	e of injury - ling, etc. (S	At home, ferm, pecify)	street, tectory	y, office		2	8f. Location City or To			er or Rural	Route Number,
	To the Hospital or A such in 24 hours after to the Funeral Direction pletely filled in b	edical C		ng Physician: To the Examiner: On the b											
	o the	Me	29b. Signeture and title of certifie	-	, J. J. J. J. J. J. J. J. J. J. J. J. J.		290	c. Licer	se number			29d. D	ate signe	d (Month, D	lay, Year)
	(3)		(h	OPENT W	Ob.	97	-	D	3187	5				25,1	
	UKC		30. Neme and eddress ot person												
	0010		ROBERT A. WELI	K,M.D., 9	02 SE	TON DRI	VE #30	8,C	UMBERI	LAND,	MD 21	502			

State Registrar himai og indige

					Ce	rtificate o	f Death		R	leg. No.		
			1. Decedent's Neme (First, Middle, L.	ast)				2	2. Deta of Dee	th		3. Tima of Deeth
ı	Physic		ELSIE ELIZAE	BETH STUME	•				Month	Dey	Year	0116
	/Medi Examir		4e. Fecility Neme (If not institution, gi				4b. City, To	own, or Loca	ation of Death	30, 19 4c. County		2115
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H	Funeral				rs. last birthday)	If Undar 1 Ya	ar If Under	24 Hrs. 8	Dete of Birth	1		
ı	Director		213 10 4704	1□M 2₹□F 77	Yrs.	Months Dey	rs Hours	Min.	(Month, Dey	, Year) , 1919		ieca (Steta or Foreign try) LAND
	pu s		Usuel Residence of Decedent 10a. Stata 10b. County	100	City, Town or Lo	ocation					14/	Od Incide Other Imite
	anyle	5	MARYLAND ALLEGA		FROSTB						10	0d. Insida City Limits 1 ☐ Yas 2 1 No
	Ne N	Directo		NI	FRUSID							
	A P A	늅	10e. Street end Number			10f. Zip Code			1	log. Citizen of \	Whet Count	iry?
	234	rai	16702 OLD NATION			21532				U.S.		
	er death with the Marylan Itams 23a or 28a-f show	Funeral	11. Maritel Stetus	12. Was Decedent Evar in Armed Forces?	U,S. 13.	Was Decedent of If Yes, specify Co	f Hispanic Or uban, Mexica	igln? (Speci n, Puerto Ri	fy Yea or No- can, etc.)		e - Amarica ck, White, e	
20	hours after death with the Maryland turst, or items 23s or 28s-f show at Exercises that he inclined at	by F	1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2√ No If Yas, Give		1□Yes 2□N	lo Specify:	:		Specify	y:	
ô	Mural Pour	B		Year or Detes:	100 Davi	death Havel One			1	101 101-1-10	WHI	
21215-0020	in 72	Completed	15. Decedent's E (Specify only highest gr	ade completed)	(Give	dent's Usuai Occ kind of work dor DO NOT use reti	e during mos	st of working	,	16b. Kind of B	Jainass/Ind	ustry
212	within ene.	E	Elementery/Secondery (0-12)	College (1-4or 5+)		EWIFE	,			OWN	HOME	
D	tal Hygid d other		17. Fathar's Nema (First, Middle, Las	t)	11000	DIVITE D	18. Moth	er'a Nema (First, Middle, I	Meiden Surnan		
an	o a b	o Be	JOSEPH SHUCK				BEUI	LAH CE	CIL			
Maryland	2 should and Men Is marke surratic	-	19a, Informant's Neme/Reletionship	(Type, Print)	19b. Maili	ng Address (Stre	et end Numb	er or Rural i	Route Number	r. City or Town.	Stele. Zio	Code)
Ž	DEND											
re,	- 4 5 6		EILEEN DUNCAN/FR 20e. Mathod of Disposition		. Plece of Dispo	EMMETTI osition (Name of		ANE, Sh	Date PRUS	20c. Location	City or To	wn, State
OLL	0 - 7		1 Burial 2 Coremetion 3 4 Donetion 5 Other (Speci	Removel from Steta	-	matory or other p		200 0	21/06	CIMPEDI	AND	MD 21502
altimore,			21. Signature of Funerei Service Lide							CUMBERI	AND,	MD 21302
Ba	permit. Departr Importu any inje			Mr. 1-		2. Nama and Add WERS FUL						
			Mulou	111XX000		W. MAIN					32	
			23a. Pert1. Enter the disease, or con shock, or haert feilure. List only	ona cause on each line.	eth. Do not en	ter the mode of d	iying, such aa	cardiac or i	raspiratory arr	ast,	1	Approximata Interval Between Onset and Deeth
	Physician /Medical		Immediate Cause (Final	0	n t	01					1	
1	Examiner		disease or condition resulting in deeth)	· CARDIO	genie	7/4	OCK					12 HBURS
		la la	Caraca Man	Due to	(or es e conse	quenca of):					1	
	ned nsit	듵	_	b. Ventr	icula	R Se	PTAL	R	19141	2 E	i	12 HOURS
	certificate be executed vding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immadleta cause. Enter Underlying Ceuse (Disease or injury that initieted events	b. Ventr Due to c. ACUTE Dua to	(or es e conse	quenca of):		/				0 /11
260	sicia bur		Ceuse (Disease or injury that initiated events	c. ACUTE	MYO	CARDII	4L 12	1 are	etion	/		8 arrys.
68760,	ficat phy as the	edicai	rasulting in deeth) Last									7 1/1151
×	death certifica attending ph d for use as th	n/M		d. CORON,	ARY	ARTE	124	DIS	easE	•	1	3 Years
Bo	death e atter	icia	Pert II. Other significant conditions	contributing to death but not r	aculting in the u	andodrina anuao	chion in Bost	1	22h Did to	shanno ugo on	nielbude to	the cause of death?
0	the the	Physician/	Total Street anguinteent conditions	Solithbuting to death but not i	esorting in the c	indenying cause	given at realt	4.		es 2 No		bably 4 Unknown
U.		by P							131	es ZEINO	3 - 100	edy 4 Onknown
Records,	requires een sign hould be								24e. Wes a	in eutopsy	24b. We	ere autopsy findings
00	> 0 W	lete							perfor	med?	con	nilable prior to repletion of cause death?
Re	The law ate has t page 2 s	Completed							404	0.00/		
Vital			25. Wes case referred to medical				00.00		1 U Y		10	Yas 2 No
⋚		o Be	axaminer?	Hospitel:	C 50/0		Other-		Check only or	-		
o	£ 5 E	To It	27. Menner of Deeth		☐ ER/Outpatier 28b. Time o	nt 3LI DOA	4 LI NI			ence 8 Oth ow injury occur		9
Division	Attending Ph ir death. actor; Affer th by the funeral	tior	1 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	Injury	V	∛ork? □Yes 2□					
18	death. ctor; A y the fu	fica	3 Sulcide 6 Could not b	De Diese of Injury At	home, ferm, st	reet, fectory, offic	20	28	f. Location (S	treet and Numb	per or Rural	l Route Number,
Š	Ofra Dira	Certification:	4 ☐ Homicide	building, etc. (Spe	cify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town			
	the Hospital hin 24 hours the Funeral npletely filled		29a. Certifier 1 Certifying Pl	hysician: To the best of my k	nowledge, deet	h occurred at the	time, dete er	nd place, an	d due to the c	ause(s) end ma	anner as str	ated.
	24 h 24 h Fur	edicai	(Check only 2 Medical Example)	miner: On the basis of exami end manner steted.	nation end/or in	vestigetion, in m	y opinion, dea	ath occurred	at the time, d	lete and pleca,	end due to	the cause(s)
	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director; completely filled in by the	Me	29b. Signature and title of certifier			29c. Lice	nse number		2	29d. Dete signe	d (Month, L	Dey, Year)
	-350		500	an D)	D	7 =1	20)	/	3	- 21	1001
	200		20 Name and address of access to	complete	om 00-1 /T:-	Print)	236	28	14	ugus;	1 21	1996 ryland 2153
	TXX		30. Name and address of person who SATURNINA CH	ANZ RY 3		•	20 10	LAZa	FA	+6	W	. 0. 12.10
	C	10	31. Dete filed (Month, Dey, Yeer)		ineture ~	2057 BUK	9 1	-nza	11003	reurg	1-10	yxand 2153
	Sta Registr		SED 03 E	196 Sula drive	ineture ion Rada	4						
			PLI									

THE PERSON

State of Maryland / Department of Health and Mental Hygiene 96

96 27671

						Cei	rtificate	of Dea	ath		Reg. No.		
	Dhool	:	1. Decedent's Neme (First, Middle	Last)						2. Date of De	eth Dey	Year 3	. Time of Death
	Physic /Medi		MAYNARD		SHERMA	N				AUGUS'			7:54 a
	Exami		4a. Fecility Neme (If not institution,	give street end nur	m <i>ber)</i>			4b. Cit	y, Town, or L	ocation of Deal		y of Deeth	
			THE JOHNS HOPK			to a de trate at a la	If Under 1 Y	1	TIMORE			timore	
	Funeral Director		5. Social Security Number 234-38-8429 Usual Residence of Decedant	6. Sex 1 X M 2□ F	7. Age (In yrs. I	Yrs.		eys Ho		8. Dete of Bi Month, Di 4 / 1 7	rth ay, Year) 28	9. Birthplece Country) Mfld,	(Stete or Foreign
4	e de la		10a. Stete 10b. County		10c. City	, Town or Lo	cation					10d.	Inside City Limits
. 4.	Ba-f eh	Director	Md. Balt	imore C	o. To	wson							1 □XYes 2 □ No
the safe after	23a or 2	rai Dire	10e. Street and Number 8617 Drumwood	Road			10f. Zip Co	de 286			10g. Citizen of U.S.	What Country?	
	illed within 72 hours entar deeth with the Meryland Hygiane. ther than "natural", or items 23e or 28e-f ehow ent, the Medical Examinet must be notified at	by Funeral	11. Meritel Stetus 1 Never Merried 3 Marrie 3 Widowed 4 Divorced	Armed Fo			Wes Decedent if Yes, specify 1 ☐ Yes 2 ☑	Cuban, Me	c Origin? (Sp xlcan, Puerto acify:	ecify Yes or No Rican, etc.)	Ble	ce-American hack, White, etc.	
	o. An "natur Medical	Completed	15. Decedent' (Specify only highes: Elementery/Secondery (0-12)	s Education grede completed)	-4or 5+)	(Give	dent's Usuel O kind of work d DO NOT use r	lone during etired)	most of work	ing		Buainess/Indust	
7	Hygiane. ther than	100	10th			Cust	todian				School	l Syst	em
	i and z should be lifed if Health end Mental Hygistem 27 is marked other other traumatic event, in	To Be	17. Fether's Name (First, Middle, L Dailey Shern						uby P		, Melden Suma	me)	
A. B. A.	nd N	-	19a. informent's Neme/Reletionsh			19b. Meilir	ng Address (S	treet and N	umber or Rur	al Route Numb	er, City or Town	n, Stete, Zip Coo	de)
1			Ruby Malcolm	Sherman		8617	Drum	wood	Rd.,	Towso	on, Md.	. 2128	6
	t of Health If item 27 is or other tra		20a. Method of Disposition	1 /	20b. Pl	lece of Dispo	sition (Name	of		Dete		- City or Town,	
-	nent of h		1 X Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other Sp				notory or other		1	9/31	Moore	sield.	ωv
			21. Signeture of Funeral Service L	1	1/1/0		2. Neme end A		i	7 7 0 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	j.cc.ca,	
1	Departm Departm Imports any inju		21. Signature of Fullare Service L	Consee	A/ N	0				Hama			
	20200		DAA		ME		217 Wi	nche	ster	Ave	Mfld 1	NV 268	36
			23a. Part1. Enter the disease, or shock, or heart feilure. List of	omplications that c	aused the deeth	. Do not ent	er the mode of	dying, suc	h es cardiec	or respiretory	errest,	Ap	proximete ervai Between
3	hysician											On	set and Death
	/Medical Examiner	И	immediate Cause (Final disease or condition resulting In death)	. OV				ME	TABOL	IC AC	CIDEM	IA	2 HKS.
ı	. 21	ē		0		res a consec							0 1144
-	nsit a	듣		■ b. H:	Due to (or	LIC	ARR	EST					2 HRS.
	ding physician and see assented ding physician and see as the burlet-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury										
	buri		Cause, Enter Underlying Ceuse (Disease or injury	c. H	EMOI							i	2 days
	phys the	Medical	that initiated eventa resulting in deeth) Last	1	Due to (or	ea e conseq	uence of):						
STATE OF THE PARTY.	Ding of	Me		d								i	
40.0	a et	sic	Pert ii. Other significant condition	s contributing to de	eth but not resu	Iting in the u	nderlying caus	e given In I	Part I.	23b. Dld	tobacco use c	ontributa to the	cause of death?
The same of	been signed by the should be detached	by Physician	END STA	GE RE	PNAL	DISE	ASE			10	Yea 2 No	3 Probabl	y 4 □ Unknowr
Santa magazine	5 W	Completed	RECENT	WHIP	PLE O	N AL	GUST	14,	1996	24e. Wes	s an autopsy omed?	availab	autopsy findings ble prior to etion of cause th?
É		NO.								10	Yes 2 No	1 □ Ye	s 20 No
	certificate	Be	25. Wes case referred to medical					28.	Plece of Deet	h (Check only	one)		
	rthis certific	To	examiner? 1 Tes 2 No	Hospitel:	npatient 2 1	ER/Outpetier	nt 3 DOA	Other: 41	☐ Nursing Ho	me 5□Res	idence 6 🗆 Oi	her (Specify)	
	eralli e		27. Manner of Death	28e. Dete	of injury	28b. Time of		Injury et Work?			how injury occu		
1	th. : Affer e funer	tlo	1 Neturel 5 ☐ Pending 2 Accident Investiga	10000	th, Dey Year)	Injury	М	Work? 1 ☐ Yes	2 🗆 No				
	aftar deeth. Director: After	Certification:	3 Suiclde 6 Could not determine	206. PIECO	of injury - At ho ng, etc. (Specify	me, ferm, str	reet, fectory, of	fice		28f. Location (City or To	(Street and Num wn, State)	ber or Rural Ro	oute Number,
· threnden	within 24 hours after To the Funeral Director Completely filled in b	edical C	29e. Certifier (Check only one) 1 Certifying 2 Medical E	Physician: To the xaminer: On the ba	best of my know asis of examinati	wledge, deeth	occurred et ti vestigetion, in	ne time, de my opinion	te and piece, , deeth occur	and due to the red et the time,	cause(a) and m	nenner as stated , and due to the	d. cause(s)
- ohe	offin of the control	Me	29b. Signeture end title of certifier	2			29c. LI	cense num	ber	T	29d. Dete slan	ed (Month, Day	, Year)
٦	. ₹ 5 8		100	11	listo n	10							
	200		endeun	roge	100011	1. D.	N	999	7		AUGUS	1 2/,	1416
1	1/200		30. Neme and address of person w										
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State Registrar tage of the state

State of Maryland / Department of Health and Mental Hygiene 96 27671

						Ce	rtificat	e of	Death			Reg. No.		
	D)		1. Decedent's Neme (First, Middle, L	ast)							2. Date of De	ath	143	3. Time of Death
	Physic /Medi		CURTI	S L.		SPIT	7.F.R				Month AUGUST	Day 28	Year 1996	15:32
	Exami		4a. Facility Name (If not institution, g			OI LL	BLIK		4b. City, To	wn, or Lo	cation of Deat			13.32
Û.	- Addiii	••••	MEMORIAL HOSPITAL			D			CUMBI	מא זמי	ID	ALLE		
	Funeral				ge (In yrs. lest		If Under	1 Year			8. Date of Bir	rth		place (State or Foreign
	Director		232-22-5102 Usual Residence of Decedent	1⊠M 2□F	89	Yrs.	Months	Days	Hours	Min.	July 7	1907	West	t Virginia
	/land		10a. State 10b. County		10c. City, To	wn or Lo	cation						1	10d. Inside City Limits
	Many Many	to	WV Mine	ral		Keys	ser							1 ☐ Yes 2(XNo
	158 128 170	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen of	What Cour	ntn/2
	ath with		Rt. 4, Box 13	8				2672	6			rog. Onzon of	USA	
	or de	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	?	13.	Was Deced	lent of F lify Cubi	lispenic Ori an, Mexicar	igin? (Spi	ecity Yes or No Rican, etc.))- 14. Rai	ce - Americ ck, White,	
21215-0020	n 72 hours efter death with the Maryland "neturel", or items 23a or 28a-f show ad cal Executer much be notified at	þ	1 Never Married 2 Married 3 X Widowed 4 Divorced	1 ☐ Yes 2 🛣 If Yes, Give Year or Dates:	,No		1 □ Yes a	2 X No	Specify:			Specif		hite
2	thin 72 h e. en "natu	Completed	15. Decedent's E (Specify only highest g.	ducation	16	Sa. Dece	dent's Usua	Occup	ation	t of work	ina	16b. Kind of B	usiness/inc	dustry
21	within ene. than "	npie	Elementary/Secondary (0-12)	College (1-4or	5+)	iife.	DO NOT us	e retire	during mos d)	UI WOIK	ng			
	- Tell 1 - 10-10	S	6			Out	tside	Dep	artme	nt		Pape	r Mil	11
D L	be filed htal Hygi d other event, I	Be	17. Father's Name (First, Middle, Las	t)					18. Mothe	er's Name	(First, Middle	, Maiden Sumar	ne)	
Maryland	should be and Mental a marked or umatic eve	9	Charles Edward	Spitzer					Flo	renc	e Ethel	Mitche	11	
a	d 2 should th and Mer 7 la marke traumatic		19a. Informant's Name/Relationship	(Type, Print)	1	9b. Mailir	ng Address	(Street	end Numb	er or Run	el Route Numb	er, City or Town	Stete, Zip	Code)
Σ			Darlene Meyers			Rt.	1, Be	ox 2	27 K	eyse	r, WV	26726		
baltimore,	permit. Pages 1 end Department of Healt Important: If hem 2; any injury or other; once.		20a. Method of Disposition		20b. Plece	of Dispo	sition (Nem	ne of			Date	20c. Location	- City or To	own, State
Ē	age ento		1 Burial 2 □ Cremation 3 0 4 □ Donation 5 □ Other (Spec				metory or o				ug. 31			
	ortan Injur		21. Signature of Funerai Service Lice		Potoi				Garde		1996	Keyser	, Wes	st Virginia
g	Department of the partment of		12 7	9 9	7						eral Ho	ome		
			23e. Pert1. Enter the disease, or cor shock, or heert fallure. List only	suld	0		85 S	. Ma	in St	reet	Kevse	er. WV	26726	5
	/Medical Examiner	nlner	Immediate Cause (Finel disease or condition resulting in deeth)	a. Cerebr	cal cont									5 days
oʻ	ding physician end se as the buriel-transit	edical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as	a conseq	uence of):							
68/60,	physici s the bu	dica	Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or as a	conseq	uence of):							
		3		d										
0	9 9	sici	Part II. Other significant conditions	contributing to death b	out not resulting	in the ur	nderivina ce	ause aiv	en in Pert I		23b. Did	tobacco une co	ntributa to	the cause of death?
	ned by the atter detached for u	Physician					7					Yes 200 No		bably 4 Unknown
	grandi pe del	by F										2,54110	од. то	ALDI) 4 GOIRIOW
DIVISION OF VITAL RECORDS,	peen s spould	Completed b										an autopsy med?	ava coi	ere autopsy findings allable prior to mpletion of cause
L Le	age 2	E												deeth?
9	certificate rector, pa	ပိ	Or Was seen the state of the								10	Yes 2 No	1[☐ Yes 2☐ No
> 1	s certificate he director, page	00	25. Was case referred to medical exeminer?	Hospital:				Oth	Of:		(Check only o			
5	this	10	1 ☐ Yes 22 No 27. Manper of Death	1 at Inpatie			t 3□ DO	^	4 🗆 140	T	-	dence 6 □Oth		v)
Lon	or death. ector: After this certific by the funeral director,	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Inju (Month, De)	y Year) 285	. Time of Injury	М 2	Bc. Injur Wor 1 □	yal k? Yes 2 □		28d. Describe I	how Injury occur	red	
	efter deat Director: J in by the	ertific	3 ☐ Suicide 6 ☐ Could not to determined	28e. Placa of Injubuilding, etc	ury - At home, c. (Specify)	farm, stre	et, factory	, office			28f. Location (S City or Tox		er or Rura	I Route Number,
	within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	edical C	Crieck orny 2 Medical Exa	nyaician: To the best of miner: On the basis of	of my knowledg	je, deeth	occurred e	t the tin	ne, date en	d plece, a	and due to the	ceuse(s) and me	enner as st	leted.
4	the the	Med		and manner sta	ated.									
F	100		29b. Signature and title of cartifier		-		29c.		e number 14389			29d. Date signe		Day, Year)
4	MOD		30. Neme and eddress of person who								DAD PID T			502
- 1	5-0		DR. AUGUSTO FIGUE 31. Date filed (Month, Dey, Yeer)		SON HEI			CAL	BLDG.	., Cl	MBEKLA	ND, MD	21	502
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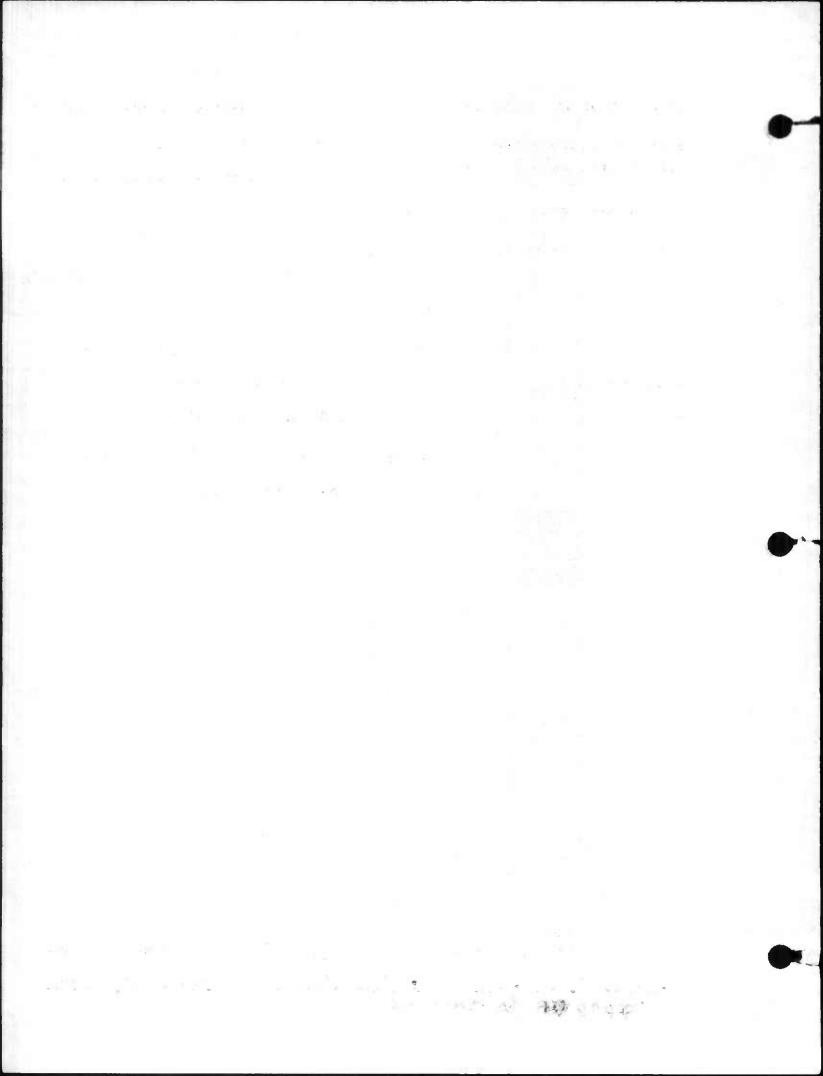
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

_	_					Ceru	licate of	Death	1	Reg. No.		
	Physici /Medi		Decedent's Neme (First, Middle, Last JOHN STAFFORD	SMITH J	R				2. Defe of D Month SEPTEME	BER 3, 19	Yeer	ime of Deeth
	Examir		4a. Facility Neme (If not institution, give	street and number)				4b. City, Town, or L	ocation of Dea	th 4c. County	of Death	
8			Sacred Heart Ho					Cumberla		Alleg	any	
	Funeral Director		5. Sociel Security Number 218–16–4170 6. Se	x 7. Age 7. Age 7. Age	2 (In yrs. last bir	thdey) N	If Under 1 Yeer Months Deys	Hours Min.	8. Dete of Bi (Month, D	rth ay, Year) 1,1924	9. Birthplece (Country) Maryla	Stete or Foreign
ī	pu ,		Usuel Residence of Decedent		10a City Tav		Mar.					
	e Maryla la-f ahov tified at	ctor	MarylandAllegan	У	Bartor	n or Local	non					slde City Limits XYes 2 □ No
	J within 72 hours after death with the Maryland ilon. I then "natural", or items 23a or 28s-f show the Medical Examinar must be notified at the Medical Examinar must be notified at	al Director	10e. Street end Number 23707 Bartlett	Street			10f. Zip Code 21521			10g. Citizen of V USA	Whef Country?	
	dea L	Funeral	11. Meritel Status	12. Wes Decedent I Armed Forces?	Ever in U,S.	13. We	s Decedent of	Hispenic Origin? (Spoan, Mexican, Puerto	pecify Yes or N	0- 14. Rec	e - American Inc ck, White, etc.	lien,
	ours after al', or fu Examina	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 N If Yes, Give Year o1 Dates: 3	6-1945		Yes 20 No		Tricari, etc.,		White	
20000111	72 ho	ted	15. Decedent's Edu (Specify only highest grad	cation		Deceden	it's Usuei Occu	petion	kina	16b. Kind of B	usiness/Industry	
İ	ithin	Completed	Elementery/Secondery (0-12)	College (1-4or 5	+) 17.4			during most of work	(II)g	Madant		
	77 70 10 100	Con	12	2	11	Lme	Keeper				enance	
	S E S S	To Be	17. Father's Name (First, Middle, Last) John Stafford S	mith Sr.				18. Mother's Nem Fannie		a, Meiden Suman Rin	10)	
	nd 2 sh alth and 27 ia m r traum		19e. Informent's Neme/Relationship (7) Shirley Smith	/pe, Print)	19b	BOX	Address (Stree 221, I	and Number or Rus Barton,	ral Route Numi Md. 21	ber, City or Town, 521	State, Zip Code)
600000000000000000000000000000000000000			20e. Method of Disposition			ry, cremet	ory or other ple	Park Sep	Defe t.6,19		City or Town, S stburg	
	permit. Pages Department of Important: If It any Injury or once.		21. Signefure of Funerel Service Licens	11 01	1	Eic	leme end Addr hhorn-	-McKenzi	e Fune	eral Ho	me	
	-		23a. Pany. Enter the diseese, or complessock, or heert feilure. List only of	icetions thet caused	the deeth. Do	Lon not enter	aconing the mode of dv	ng Md 2 ind. such es cardiec	1539 or respiretory	arrest.	Appr	oximate
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	Endst	,	Mell	astotk		0	ICIA COMA	Onse	val Between et end Deeth
	uted d ansit	Examiner	Samuel Matter and Misses	b	Due to (or es e							
,	oe exec clan an ourial-tr		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		200 (0) (0) 03 0	001100400	1100 017.					
,0000	certificeta be executed iding physician and usa as the burial-transit	Medica	thet initieted events resulting in death) Last		Oue to (or es e	consequer	nce of):				and the	
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	requiras that the death een signed by the atter hould be deteched for	Physician/Medical	Pert II. Other eignificant conditione con	ntributing to death bu	rt not resulting in	n the unde	erlying cause g	iven in Pert I.		tobacco use co	ntribute to the o	
600000	v requiras tr been signe should be d	ted by							24e. We	s an eutopsy ormed?	24b. Were au avelleble	prior fo
3	2 s L	Completed									of death	on of cause ?
	E 28 8	3							1 🗆	Yes 2 10	1 ☐ Yes	2□ No
	cartificate	Be	25. Wes case referred to medical examiner?	donnitati.			100	28. Plece of Dee	th (Check only	one)		
;	G is Z	P	TEL Tes ZELLING	lospital:		-	3LI DOA			idence 8 DOth		
	Affer fune	atlon	27. Menner of the state of the	28e. Date of Injur (Month, De)	Year) 28b.	Time of injury	M 1	iry at ork?] Yes 2 □ No	28d. Describe	how injury occur	red	
	al or Attend s after deatl il Director: ad in by the	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injubuilding, etc	ry - At home, fe . (Specify)	ım, street	, fectory, office			(Street and Numb own, Stete)	per or Rural Rout	e Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct complately filled in by	edicai (29e. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	sician: To the best of ner: On the bests of and menner ste	examinetion en	deeth ood/or inves	ccurred et the ti tigetion, in my	ime, dete end piece, oplnion, deeth occur	end due to the red at the time	ceuse(s) end ma , dete and plece,	anner es steted. and due to the c	ause(s)
	vithin 2 To the comple	ž	29b. Signeture end fittle appropriate		-		29c. Licen	se number		29d. Date signe	d (Month, Day, 1	(ear)
,	/1		nua	REMAI	m		7	27/8/		SEPTEMBE	R 4	1996
1	1/11		30. Neme end eddress of person who	impleted cause of de	eath (Item 23e)	(Type, Pri	nt)	XXIVI				
	112		Gary L. Wagon	er M.T	. 924	- Rix	hoo We	alshRd.	Cumb	erland.	MT) 21	502
	Che	10	31. Dete filed Month, Day, Year	Sa Ronder	r's Gignatu	100				- 144		

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Day Virginia B . Smith September 6, 1996 11:46 PM /Medical 4a. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Memorial Hospital & Medical Center Cumberland Allegany If Under 1 Year 5. Social Sacurity Number If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Year) **Funeral** Birthplace (State or Foreign Country) Months Days 1□M 2XF 220-28-7577 Director 64 DEC 6, 1931 MARYLAND Usual Residence of Decedent with the Meryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits traumatic event, the Medical Examiner must be notified at XXYes 2 No Director MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 238 110 UTAH AVE. Funeral 21502 USA Herns 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - Amarican Indian, Peges 1 end 2 should be filed within 72 hours effer on nent of Health and Mental Hygiene. Bleck, White, etc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☐No Specify: by Specify: 3 Widowed 4 Divorced "natural", WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 8 HOUSEWIFE OWN HOME 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be FRANK L. CRABTREE MARY E. HUDSON 19a. Informant's Nama/Ralationship (Type, Pnint) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 end 2 s Department of Health at important: If item 27 is any injury or other trau once. DONALD A. SMITH 110 UTAH AVE., CUMBERLAND, MD 21502 SEPT 9, 1 20c. Location - City or Town, Stata 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition 1 XBurlai 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) RESTLAWN MEMORIAL GARDENS LA VALE, MD Inature of Funeral Service Licensae 22. Name and Addrass of Facility HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY, LA VALE, MD 21502 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical 4 Months a Carcinoma of Tongue Examiner Due to (or as a consequence of): The lew requires that the death certificate be executed Saquentially list conditions, if any, leading to immadiate ceusa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of) Box 68760, Physician/Medical Due to (or as a consequence of): signed by the e Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Severe Chronic Obstructive Pulmonary Disease þ Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to compiation of causa of death? hes certificate 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residanca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Panding Investigation 1 Natural 2 Accident deeth. 1 Yes 2 No i Director: / 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Straat end Number or Rurel Routa Number, City or Town, Stete) within 24 hours after d To the Funeral Direct completely filled in by 4 Thomicide Hospital Medical 29a. Certifier Certifying Physician: To the best of my knowledge, daath occurred at the time, date and place, end due to tha cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only 29b. Signature and title of confilling 29c. License number 29d. Date signed (Month, Day, Year) 1)33280 Sent 7,1996

Registrar

State

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

31. Data filed (Month, Day, Year)

SFP 0 9

Dr. Sunil Gupta, Johnson Heights Medical Building, Cumberland, MD

2. Indistrate Signature

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State of Maryland / Department of Health and Mental Hygiene 96 27

					,	Ce	rtificate of	f Death	1		Reg. No.	20	6	1014
	Di Si		1. Decedant's Name (First, Middla, La	ast)						2. Data of Dec	eth	V	.	3. Time of Death
J	Physic /Medi		Charles He	nry	Sudler,	Jr.				Month August	31	, 1996		5:30 Am
Đ.	Exami		4a. Facility Nema (If not institution, gir	va street and num	ber)			4b. City, T	own, or Lo	cation of Death	4c.	County of De	eath	
			916 Brick Scho						trevi			Queen	Ann	es
	Funerai Director		220-34-7526	Sax 1∭M 2□F	7. Age (In yrs. lest 59	birthday) Yrs.	Months Dey			8. Deta of Birth (Month, Day Aug. 12				ce (State or Foreign y) sylvania
	pue *		Usual Rasidence of Decedant 10a. State 10b. County		10c. City, To	own or Lo	ocation						100	f. Inside City Limita
	Ba-f eho	Director	Maryland Queen	Annes		trev	ille							1 ☐ Yes 2 No No
	23a or 2	ral Dire	10e. Street and Number 916 Brick School	L House 1	Road		10f. Zip Coda 21617				10g. Citi: USA	can of Whet	Countr	y?
5-0020	72 hours effer death with the Marylend natural', or frems 23a or 28a-f show deal Examiner must be notified at	by Funeral	11. Marital Stetus 1 Navar Merried 2 Marriad 3 Widowed 4 Divorced	12. Wes Daced Armed Ford 1 U Yas 13 If Yas, Give Yaar or De	2 XXNo		Was Decedant of If Yes, specify Cu 1 ☐ Yas 2 🏋 No			ecify Yas or No- Rican, etc.)		A. Race - Ar Bleck, W Specify: B	hite, et	c.
5-0	"natural",	Completed	15. Decedant'a E (Specify only highast gr	ducation ade complated)	10	6a. Dece	dant's Usual Occi	upetion a during mo	st of worki	ng	16b. Kir	nd of Busina	ss/Indu	stry
2121		mpi	Elemantary/Secondary (0-12)	Collaga (1-	,		kind of work don DO NOT usa retii							
	2 should be filed within and Mental Hygiene. Is marked other than sumatic event, the Me		10th 17. Fathar'a Nama (First, Middla, Last	1		Labo	rer- Con	1		Work		struct	ion	
Maryland	d be f	Be	Charles H. Sudl							faxwell	Maiden	Sumama)		
7	and Menis marke	L _o	19e. Informant's Name/Reletionship		1	9h Maili	ng Address (Stree				r City o	Tour State	7in C	ada)
N	s 1 and 2 should be filed within Health and Mental Hygiene. Health and shortal Hygiene tem 27 is marked other than other traumatic event, the M		Betty Cheers S											
Baltimore,	permit. Peges 1 and 2 Department of Health a Important: If frem 27 is any Injury or other tree		20a. Mathod of Disposition 1	Ramoval from S	tata came	of Dispo tery, crai	esition (Nama of metory or othar p	laca)	1	Data	20c. Lo	cation - City	or Tow	
Itin	artme		4 ☐ Donation 5 ☐ Other (Special Signature of Funerei Service Lice		Mt.		U.M. Ch			/5/96	Cent	revil.	le,	Md.
Ba	Pen Pen Pen Pen Pen Pen Pen Pen Pen Pen) /			-	Bennie S	Smith	Funer				1.00	
			23a. Penti. Enter the disease, or com- shock, or heert failure. List only	Mications that ca	usad tha daath. D	o not ant	P.O. Box ar tha moda of dy	ying, such es	, Las s cardiec o	r respiretory er	ry La rast,	ind 2	160	L Approximata ntarvai Between
d	Physician		SHOOK, OF HEER MINUTE. CIRCONLY	ona causa on aa	ch iina.								1 0	ntarvai Between Onsat and Death
4	/Medical		Immediete Causa (Final diseesa or condition	501	atic i	-91	lure							D445
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	tificata be executed ig physicien and es the buriel-transit	Examiner	Sequentially list conditions,	0. 74	Dua to (or as	a consec	juanca of):	~	11	/ 11	~ 1			1
60,	clen clen		Sequentielly list conditions, if any, leeding to immadiata causa. Entar Underlying Causa (Disease or injury	(hwo	ucc q	Mah	Ubura	lous	X	pati	111		1	, ears
68760,	physi the	Physician/Medical	thet initieted events rasulting in daath) Last		Due to (or as	a conseq	uenca of):							
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æ	Physician: The law r this certificate has aral director, page 2	E								101	'aa 20	No	10	
Vital	an: Tifica tor, p	Be C	25. Was case refarred to medical					28. Plac	a of Death	(Check only o				
f \	Physician: this certific	ToE	axaminar? 1 ☐ Yas 2 X No	Hospital: 1 ☐ In	patient 2 ER/	Outpetier	nt 3 DOA	Whor		ne 5 Resid		□Other (Si	peclfv)	
u of	g Ph		27. Mennar of Deeth 1 Natural 5 ☐ Panding	28a. Data of (Month	Injury 28t	D. Tima of	f 28c. Inj			28d. Dascribe h				
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Division	or Attendiate death. Director: A in by the fi	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida determined	e 28a. Piece o building	f Injury - At homa, g, etc. <i>(Specify)</i>	farm, str	eat, factory, office	ө	2	28t. Location (S City or Tow			Rural f	Routa Number,
_	To the Hospital or / within 24 hours after To the Funeral Direct Completaly filled in b		29e. Certifiar 1 Certifying Ph	ysician: To tha b	est of my knowlad	ge, death	occurred at tha	tima, data ai	nd placa, s	and dua to tha	eusa(s)	and mannar	aa atat	ed.
	in 24 in 24 the Fu	ledicai	one)	and manna	is of axaminetion are stated.	and/or in			ath occurre	ad at tha tima, o	data and	place, and d	lue to th	he ceuse(s)
	To To	Σ	29b. Signafura and tale of certified	// ,	1 110	X	29c Licar	nsa number	1	2	29d. Daj	signed (Mo	onth, Di	ay, Year)
			- Mum- 16	jugue	1/1	1)	100	777	(9/	5 196		
			30. Name and address of person who	comparted cause	of death Otem 23s	J Type.	Print)	>						12.4
	Sta	te	31. Data filed (Month, Day, Year)	32. Re	gistrar'a Signatura	1								
	Registr	ar	SEP 0.5.1	996	hir Davids	m- Pa	ndelle							

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				State of Man		epartment of Certificate of			iene 96	27675
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	Physic		Mildred I.	rene Sadl	er			August	28 1996	4:15 AM
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A	Exami	ier	Wicomico N		OMA		Salis			mico
	_		5. Sociel Security Number 6. Sec			tav) If Undar 1 Ya				
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	Menylend H show fled at	tor	10a. Stete 10b. County Maryland Wicomico		oc. City, Town o	or Location				10d. Insida City Limits 1 ☐ Yas ※ No
	128 B	9	10e, Street and Number			10f. Zip Cod	e	10	og. Citizen of What C	Country?
	WH WH	ā	7622 Green Lewis	Pond		21874			J.S.A.	,
	s 23	era		12. Wes Decedent Eve	rinlle		of Hienonia Origin? (6		14. Rece - Am	perioso Indian
020	i within 72 hours efter death with the Merylend iene. Then "naturel", or flems 23a or 28a-f show the Medical Examiner must be notified at	by Funeral Director	1 Nevar Married Marriad 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detas:	1110,3.	if Yes, specify C	of Hispenic Origin? (Scuban, Maxican, Puar No <i>Specify:</i>	to Rican, etc.)	Black, Wh	
9	2 ho	8	15. Decedent's Edu		16e. D	ecedent's Usuel Oc	cupetion		16b. Kind of Busines	s/industry
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Maryland	d 2 should be f th end Mental I 7 Is marked of traumatic eve	ToB	James Hale 19a. Informent's Neme/Reletionship (Ty	ma Print)	196 A	Joiling Address /Street	Anna	Mae Lawr		Zio Codo)
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Baltimore,	8 2 2		20e. Method of Disposition **Description** 4 Donetion 5 Other (Specify)	lamoval from State		isposition (Name of cremetory or other side Ceme		8/31/96	Libertyte	
Balti	pemit. Pege Department of Important: If any injury or once.		21. Signeture of Funeral Barvice License			22. Neme end Ad Burbage	dress of Fecility Funeral		8 William	St. 21811
			23a. Part I. Enter the disease, or complishook, or heart failure. List only or	cutions that dument the	death Dono	aniar the mode of	duing such as cardin		-	
	Physician /Medical ^r Examiner	her	Immediate Cause (Fine) disassa or condition resulting in death)	Re.	v n / e to (or as a con	FAI	lune	2-50		Approximate Interval Between Onset and Deeth
Box 68760,	the death cartificete be executed y the ettending physician and ached for use as the burlet-transit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last	·	e to (or as a cor		eniolp,	2-56,	1 & 80SI,	
m	seath e ette d for	icia	Pert II. Other significant conditions con	tributing to death but a	at requities in th	a undorbila a cours	given in Boot I	20h Dideo	hanna una gantellus	to the serves of death?
P.O.	that the de ned by the e detached to			-	/		`			te to the cause of death? Probably 4 Unknown
Records,	e law requires has been sign ge 2 should be	Completed by	Conges	tue!	tec	Ats 1	Fasle	24a. Was an perform	ned?	. Were eutopsy findings available prior to completion of cause of death?
Vital	Iclan: The certificate rector, pag							1 □ Ya	^	1 Yes 2 No
Ĭ.	Iclan: certific rector,	Be	25. Wes case referred to medical axaminer?	lospital:				eth (Check only on	9)	
of	S 00 TO	2	TEL TAS ZENTO	1 L Inpatient	2 ER/Outp	Atlent 3LI DOA		1	nce 6 Other (Sp	ecify)
		:uc	27. Menner of Deeth 1 □XNeturel 5 □ Pending	28a. Deta of Injury (Month, Dey Ye	ear) 28b. Tim	e of 28c. In	njury et Work?	28d. Describe ho	w injury occurred	
.0	Attending or deeth. actor: Attention by the fune	ati	2 ☐ Accident investigation	4.50			I ☐ Yes 2 ☐ No			
Division	or Attendation after destination of the ctor:	Certification:	3 Suicida 6 Could not be determined	28e. Plece of injury building, etc. (5		, street, fectory, offi	Се	28f. Location (St. City or Town	reet and Number or I , Steta)	Rural Route Number,
	To the Hospital or Attent within 24 hours after deet To the Funeral Director: completely filled in by the	edicai C	29a. Certifier (Check only one) Certifying Phys	sician: To the best of m ner: On the basis of exa end menner steted	aminetion end/o	eeth occurred et the r investigetion, in m	e time, dete and plece by opinion, deeth occu	e, and dua to the caurred at the tima, da	use(s) and manner a ate and placa, and du	as stated. us to the cause(s)
	To the within 2 To the comple	ž	29b. Signeture and title of certifier			29c. Llo	ansa number	25	9d. Deta signed (Mor	nth, Day, Year)
	->-0						D02026		1. 5.	6-61
		2	30 Name and address of saves		(Itam 23a) (Tu	no Print'		C	lug 20	796

Ocean Pines, Berlin, Md. 21811

Mucharlass

State Registrar 30. Name and address of person who completed cause of weath (Item 23a) (Type, Print)

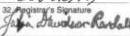
AMENDED #19b., 8/29/96, B.P., WORCESTER CO.
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month 8 2 Day 96 Physician John Lee Stiltenpole, Sr. /Medical 12:35 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 11647 Beauchamp RD Lot 31 Berlin Worcester 6. Sex 1 2 M 2 □ F If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9/12/37 7. Age (In yrs. last birthday) 5. Soclei Security Number Birthplace (State or Foreign Country) **Funeral** Months Deys Hours Yes 58 PA Director 163-26-3432 Usual Residence of Decedent with the Maryland 10e. Stete 10b. Count 10c. City, Town or Location 10d. inside City Limits x 28a-f show MD Worcester Berlin 1 □ Yes 2 X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? d other than "natural", or items 23a or event, the Medical Exercises must be a 11647 Beauchamp RD Lot 31 21811 USA Pages 1 end 2 should be filed within 72 hours efter death itent of Heatth end Mental Hygiene. nt: If item 27 is marked other than "natural", or items 23. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Meritei Stetus 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No þ Specify: 3 ☐ Widowed 4 ☐ Divorced white Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Eiemantery/Secondery (0-12) Collega (1-4or 5+) Security Locksmith 10 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) Be Walter Amos Stiltenpole Georgia Morris 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code, 11647 Beauchamp RD Lot 31 Berlin, MD 21811
1600 University Blvd., West, Silver Springs, MD.20902
20b. Place of Disposition (Name of Cametery, cremetory or other place) Barbara Stiltenpole other permit. Pages 1 end Department of Healt Important: If Item 2: any Injury or other SDCS. 20e. Method of Disposition Cape Henlopen Crematory 8/27/96 Frankford, DE 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fugeral Service Licensee 22. Name and Address of Facility Burbage Funeral Home 108 Williams St. Berlin, MD d the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset and Deeth Physician Immediate Cause (Finel disease or condition resulting In death) /Medical ARTERY DISEASE 6ZONARY EN YEARS Examiner Dua to (or as a consequence of) Examiner The lew requires that the deeth certificete be executed physician and s the buriel-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physiclan/Medical Due to (or as e consequence of): signed by the at d be deteched for Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? page 2 s hes 1□ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: funeral director, Be 25. Wes case referred to medical examiner? 28. Pleca of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient Other: 4 ☐ Nursing Home 5 ☑ Residence 8 ☐ Other (Specify) Certification: To 1 Yas 2□ No 3 DOA After this 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. injury et Work? 5 Pending Investigation 1 Neturel s after death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 8 Could not be determined Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 I Homleida To the Hospital within 24 hours a To the Funeral D 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the causa(s) and manner as stated. Medicai completely 22 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner stated.

State Registrar

10

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

29b. Signeture and title of certifier



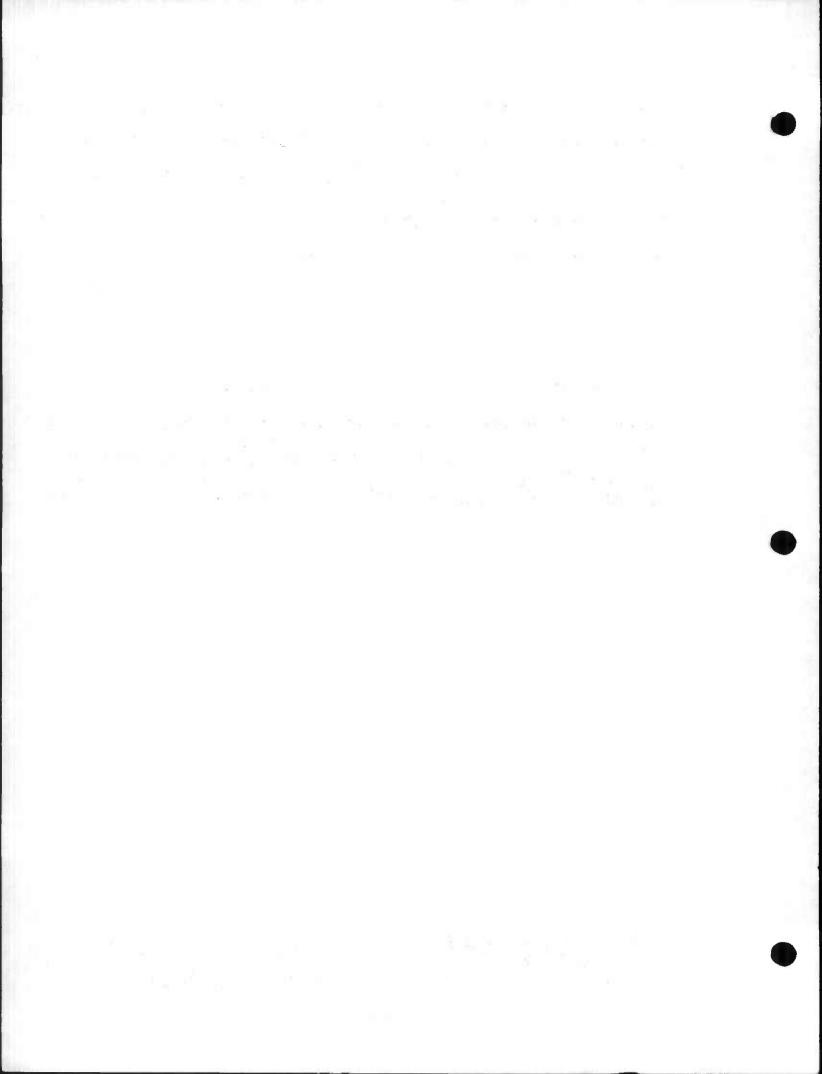
29c. License number

29d. Date signed (Month, Day, Year)

203 SNOW ST. SNOW HAL, MD. 21863

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					•	Certificate o	of Death	F	Reg. No.		
	Physici	an	1. Decedent's Neme (First, Middle, La	st)				2. Dete of Dee Month	Dey	Veer	Time of Counth
Ų.	Physici /Medic		Rudolph Otto		Schro	eder		Sept.	2, 199		4:50P.M
	Examir		4a. Facility Name (If not Institution, giv				4b. City, Town, or				
			Colton Villa	_		hdev) If Undar 1 Ya	Hager			shing	
	Funeral Director		5. Social Sacurity Number 6. S 170-05-3282 11 Usuel Residence of Decedant	ex 7. Agu Yan 2□ F	95	Yrs. Months De			Year) 1901	9. Birthpieca Country) Germa	(State or Foreign ny
	fand ow		10a. Stete 10b. County		10c. City, Towr	or Location				10d. lr	nside City Limits
	Mary	to	Md. Wash	ington	Haq	erstown				1	☐ Yes 2 No
	r 28	Director	10e. Street end Number			10f. Zip Code	0	1	10g. Citizan of \	What Country?	
	th wit	ain	9907 Crystal	Falls Dr	· .	2	21740		U.S.	Α.	
	eme er.m	Funeral	11. Maritei Status	12. Wes Decedent E Armed Forces?	Ever in U,S.	13. Wes Decedent of If Yes, specify C	of Hispenic Origin? (Suban, Mexican, Puer	Specify Yas or No- to Rican, etc.)	14. Rec	ce - American In	dien,
5-0020	s within 72 hours efter deeth with the Maryland ilene. I than "natural", or flams 23a or 28e-f show the Medical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 🖾 N If Yes, Give Yaer or Datas:		1□Yas 2ỗN	No Specify:			w. White	е
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7	Hygie Hygie	S	17. Fether's Neme (First, Middle, Last)					ma (First, Middle,			
aryland	m - 0 5	To B	Otto Schroede	er				line Fe			
2	2 should be and Menta is marked sumatic ev	۲	19e. Informant's Neme/Reletionship (Type, Print)	19b.	Meiling Address (Stre	eet end Number or R	ural Route Numbe	r, City or Town,	State, Zip Code	e)
Σ	245		Dorothy A. Con	nnor (Daug	ghter)	9907 Crys	stal Fal	ls Dr.	Hagers	stown,	Md. 2174
ore Ore			20a. Method of Disposition		20b. Plece of cemater	Disposition (Nama of y, cremetory or other p	olace) Se	pt.Dete	20c. Location -	City or Town, S	Stata
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Baltimore,	permit. Peges Department of Important: If it eny Injury or o		21. Signature of Funeral Service Licer	ISOO (22. Name and Ad		1252	5 Brad	bury	Ave.
	80539		penno	7. To	20	Davis Fu	neral H	ome _{Smit}	hsburg	, Md. 2	1783
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	Examiner		diseese or condition resulting in death)	e. 105	sille		noma			de	lears.
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	exacuted n and fel-transit	Examiner	Sequentially list conditions.	b. 415	Due to (or es a c	consequence of):	use.				1-1-01-1
Ö,	cate be executed physician and s the buriel-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or injury	Pr	octrat	e Par	einome	i.		6	Years
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л О	r requires that the death cer been signed by the attendir should be detached for use	Physician/	Pert li. Other significant conditions of	ontributing to death bu	ut not rasuiting Ir	the underlying causa	given in Part I.				cause of death?
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W 6 2 W	Sequentially list conditions, if any, leading to immediate										
d. — ath contract of the contr	that initiated evants										
Part II. Other eignificant conditions contributing to death but not resulting in the undarlying causa givan in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the undarlying causa givan in Part I.	Old tobacco use contribute to the cause of death?										
£ Xn ' .\(\(\) \(\) \(\)	Yss 2 No 3 Probably 4 Unknow										
24a. V	Vas an autopsy erformed? 24b. Wera autopsy findings available prior to completion of causa of death?										
	□ Yas 2 No 1 □ Yas 2 No										
25. Was case referred to medical axaminer? 1 Vest Ves											
1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 In 28d. Data of Injury 28b. Time of 28c. Injury at 28d. Description	asidance 6 Other (Specify) be how injury occurred										
☐ ☐ ☐ Netural 5 ☐ Pending (Month, Day Year) Injury Work?	be now injury occurred										
28a. Data of Injury 28b. Time of Injury at Work? Second Secon	Location (Street and Number or Rural Routa Number, City or Town, Stata)										
29a. Certifiar (Check only one) 29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, data and place, and dua to course at the tima, data and dua to cou	(Check only 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s)										
29b. Signatura and titla of certifiar 29c. Licensa number	29d. Deta algned (Month, Day, Year)										
D 21944	September 3, 1996										
30. Nama and address of person who complated cause of death (Item 23a) (Type, Print)											
James S. Grissom, M.D. / 300 W. 9th St./ Frederick, Mar	yland , 21701										

32. Registrar's Signatura

DHMH 16 Rsv 6/95

State Registrar

And the second

State of Maryland / Department of Health and Mental Hygiene

27679

								Cer	tificat	e of	Death			Reg. No.			
	Physic		TOTAL I.I. CATALLI										2. Date of De Month Aug.				
F	/Medi Exami		4e. Fecility Neme (If not institution, give street and number) DEVLIN MANOR NURSING HOME									wn, or Loc	ation of Deet				
	Funeral Director		5. Social Security P 213-24		6. Sex X 1 M 2 F	7. Age (In yrs. last birthdey) If Under 1 Y Months De				Days		24 Hrs. Min.	8. Dete of Bil (Month, De Aug	Dete of Birth (Month, Day, Year) 1912 9. Birthplace Country Aug. 7, 1912			
0	P.		Usual Residence of	of Decedent 10b. County													
	Maryler a-f show	Director	MD		y, Town or Location Cumberland							1	1 □Xes 2 □ No				
	# 128 2 28	i e	10e. Street and Nu		10f. Zip Code						10g. Citizen	of What Cour	ntry?				
	th wil		135 N.		21502							USA					
	n 72 hours effer deeth with the Maryland "naturel", or frems 23a or 28a-f show edical Examiner must be notified at	Funeral	11. Meritel Status	r In U,S.	J.S. 13. Wes Decedent of Hispenic Origin? (Sp. If Yes, specify Cuban, Mexican, Puerto					cify Yes or No lican, etc.)		Black, White,	nerican Indian, lite, etc.				
00	ref.	1 px	3 PWidowed	3 → Widowed 4 □ Divorcad If Yes, Give Year or Dates:						20140	орвону.			Spe	ecity:	white	
Maryland 21215-0020	d within 72 h glene. r than "natu r e Medical	Completed	(Spe	cify only highe	nt's Education est grade completed College	(1-4or 5+)		16a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired) Housekeeper					g		of Business/Inc		
2	73 60 60	Co	12				H	ouse	keep	er					sekeep	Tud	
yland	o d it b	To Be	17. Fether'a Name Elmer		18. Mother's Nat Floda						, Maiden Sur didzer	.,					
	od 2 sh Ith and IT is m treum		19a. Informant'a Name/Reletionship (Type, Print) Elmer Barger—brother					19b. Malling Address (Street and Number or Ru 437 Dewey Terrace; C								_	
	of Heal Nem 2 other		20e. Method of Dis		- 5-		Ob. Placa C	f Dispos	sition (Na	me of	niace)		Dete	20c. Locati	on - City or To	Town, State	
	Pege nent o int: If I		1 ☐ Burial 2 4 ☐ Donetion		3 □Removal from Specify)	n State	Glen	dale	e Cem	ete:	ry	1	08/27	Fli	ntstone	one, MD	
	permit. Peges 1 en Department of Hea Important: if item 2 any injury or other once		21. Signature of Fr	uneral Service	Licensee /	inn	111	22			land,		1 Home 21502			- 25	
			23a. Part . Enter	the disease, or	r complications that	caus#d the	death. Do	not ente						rrest,	1	Approximate	
Ļ	Physician		ahorik, or hea	art feilure. List	only one cause on	each line.										Interval Between Onset and Death	
	/Medicai		Immediete Ceuse disease or condition	(Final		2			. ' (1./	7				i		
	Examiner		resulting in death)	Dri	θ	Due	to or as a	consec	uenca of)	Line	near	See.				mondo	
_	P ==	ner				P	10000		6 7		Dere	-			-	4000	
	and trans	Examiner	Sequentially list co	onditions,	6. —	Due	to (or as a	conseq	uence of):	7						1-10	
90	oe exe		Sequentially list or if any, leading to ir cause. Enter Und Ceuse (Disease or	mmediate erlying r injury											1		
68760,	ohysi the t	dice	that initiated events resulting in death) Last Due to (or as a consequence of):														
Box 6	n certificate be executed anding physician and use as the burial-transit	in/Medical			d	-											
.0	that the death ed by the etter detached for t	Physician	Part II. Other signi	ficant conditie	ona contributing to	death but no	ot resulting l	n the ur	ndertying o	ause g	iven in Part I		23b. Did	tobacco use	contributs to	o the causs of death?	
P.0.	of the	Phy	ADR											1 Yes 2 No 3 Probably 4 U			
	s 5.8	by	N 174														
of Vital Records,	v requires been sign should be	Completed												an autopsy ormed?	6V	ere autopsy findings eliable prior to	
ec	2 S T S	npie											completion of cause of death?				
	E sign	Co											10	6 10	☐ Yea 2☐ No		
Vita	Physician: The I ribis certificate he ral director, page	To Be	25. Wes case references	rred to medica								of Deeth	(Check only	one)			
of			1 Yes 2			Inpatient		4		JA		-			Other (Specif	וע	
	tending Ph leath. lor: After th the funeral	lon:	27. Menner of Dear	5 Pendir	ng (Mo	e of Injury onth, Day Ye							Bd. Describe	cribe how injury occurred			
<u>S</u>	Attending or death. ector: After by the fune	Icat	2 ☐ Accident 3 ☐ Sulcide	investi 6 🗌 Could	not be		As books for		M		Yes 2	-	Of Leastinn	(Standard Marker of Burning Bouts Marker			
Division	日本	Certification:	determined determined 28e. Place of Injury - At home, farm, atreet, factory, offi building, etc. (Specify)							у, опісе	iice 28f. Location (Street and Number or Rural Route Number, City or Town, State)						
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	29a. Certifier (Check only one) 1—Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(a) and manner as atated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.												tated, the cause(s)		
	To the within 2 To the comple	Me	29b. Signeture end title of certifier					29c. License number						aigned (Month, Day, Year)			
	(5)				D17565					Aug. 26 , 1996							
	UKC		30. Neme end address of person who completed cause of death (Item 23a) (Type, Print) Dr. Anthony Bollino 955 Frederick Street; Cumberland, MD 21502														
	Sta		31. Date filed (Mon			Registrar's		_									
Du	Registi MH 16 Rev 6/9			AUG	27 1996	Jahr	diunni	ark	rdall								
~III	IS LIGA O\3	~				-											

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State of Maryland / Department of Health and Mental Hygiene 96

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						Certificat	e of	Death		Reg. No.		. 10	00		
			1. Decedant's Neme (First, Middle, La	2. Dete of D	eth			of Deeth							
4.	Physic		Helen June	Augus7	Dey 22, [Year 1996	9:4	O P.M.							
-	/Medi Examiı		4a. Fecility Neme (If not institution, giv	e street end number)				4b. City, Town, o	Location of Dee				- //////		
	LAdiiii	ici						Frede	rick	Fre	edenick				
1	Funeral											Birthpleca (Stete or Foreign Country)			
	Director		569-12-0104	Month, D	16, 1409	Cour	itry)	/							
٠.			Usual Residence of Decedent		37				0410 €	10,1107	-01	5040	0		
	ahow		10a. Stete 10b. County	1	Oc. City, Town						1	0d. Inside	City Limits		
	Man	to	Willinginia Jeffe	ISON	Har	pers .	Fel	rry				1, X Ye	s 2 No		
	with the Maryland is or 28s-f show	9	10e. Street end Number	10f. Zlp Coda						10g. Citizen of	Whet Cour	itry?			
	W P	Funeral Director	P.O. Box - 74	2		,		425		USI					
	death w	era	11. Maritel Status	12. Wes Decedant Eve	ar In II C				Cassify Vac or N		ce - Amaric	an Indian			
	tar dea	5	1 Nevar Married 2 Merried	Armed Forces? 1 ☐ Yes 2 ☑ No	ad Forces? If Y			en, Mexican, Pue	Specify Yas or Norto Rican, etc.)	Ble	ck, White,				
20	hours efter urel, or he	by F	3 ⊠ Widowed 4 □ Divorced	It Yes, Give Year or Dates:		1 ☐ Yes	2 🔀 No	Specify:		Specif	He				
21215-0020	72 hours natural',		15. Decedent's E	7-3	160	Decedent's Heur	al Canada	nation		10h Vind of B					
5	C	Be Completed	(Specify only highest gre		Toa.	Decedent's Usua (Give kind of wo life. DO NOT us	rk done	during most of w	orking	16b. Kind of B	usiness/inc	Justry			
12	d withi	E G	Elementery/Secondery (0-12)	College (1-4or 5+)		ACCOU		,		Acco	1.01	1,440			
	il Hygid other	Ö	17. Fether's Neme (First, Middle, Last,)		F1 C C O U	270		ame (First, Middle			79			
an	ould be I Mental mrked o	a	Brad Ford Pod						Evely.		,				
3	should by nd Menta marked imatic ev	2							-						
Maryland	0 0 0		19e. Intorment's Neme/Relationship (Rural Route Numl				_		
	of Heelth of Heelth item 27 i		Powell F. Co		P.	0. Box-	74	3 Harj	oon's Fo	stry, a	2	542.	>		
0	T of I		20e. Method of Disposition 1 □ Burlal 2 🖟 Cremetion 3 □	Ramovel trom Stete	cameter	Disposition (Nerry, cremetory or o	ne or other pla	ce)	Date	20c. Location	City or To	wn, Stete			
Ë	Pamen ant:		4 ☐ Donetion 5 ☐ Other (Specif	y)	Restu	VEN CI	em	atory	Date 23 76	Freder	ick,	Mar	ylowd		
Baltimore,	permit. Pages of Pepartment of Permit if the Important: If the any Injury or of once.		21. Signature of Funerel Servica Licar	1500		22. Neme en	d Addre	ss of Fecility	NC, 23	o Boltin	1000	AVAN	Ve		
13	89799		> Ernesta	. Rule /h.							, , ,				
			23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart teilure. List only one cause on each line. Approximate interval Between										ete		
1	Physician /Medical	8.9	SHOCK, OF HEER CERTURE. LIST OFFIN	one ceuse on eech line.								Onset and	d Death		
			Immediete Cause (Finel diseasa or condition	0		ъ.						10 Yrs.			
	Examiner		resulting in deeth)	. Coronar		ery Dise		-0-11-0-0-0			-	TO X	rs.		
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	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions	b. Parkins		onsequence of):					-	5 Yrs.			
oʻ.	execting and right of the last	EX	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying	a Alzheime								0. 37			
09289	a be	cal	thet initieted events				2 Yr	s.							
	ing ph	Medical	resulting in deeth) Lest				0 77								
Box	death certificata be exe e attending physician a od for use as the burial-i		•				10 Yrs.								
	that the death ce ed by the attend detached for us	Physician/	Part II. Other significant conditions of	ontributing to death but r	not reculting Ir	the underlying o	ause ek	on in Doct I	22h Did	tobacco use co	maniferate 4	the course	of death?		
P.0	the ache	hya	1 7.												
	ned ned o del	by P								100 293110	0	January 40	Jonalown		
Records,	w requires that been signed b should be deta	D D							24e. We:	en eutopsy		ere autopsy			
8	w require been si should	et							pert	ormed?	CO	allable prior of death?			
Re	sicien: The law certificate has b irector, page 2 s	Completed								v aletu					
m	fication, y		OF Mos once referred to medical							Yes 2 No	11	Yas 2	□ N0		
of Vital	Physician: this certific iral director,	Be C	25. Wes case referred to medical exeminer?	Hospitel:			Oti		eeth (Check only						
of	this rai di	.T	1 ☐ Yes 2 No 27. Menner of Deeth	1 LI Inpatient		tpatient 3□ DC	JA	4 PS Nursing	Home 5 ☐ Ras			(N			
L	After fune	io.	1 Neturel 5 Pending	28e. Dete of Injury (Month, Dey Y	ear) I	njury M	28c, tnju Wo	rk? Yes 2 □ No	200. 0000100	28d. Describe how Injury occurred					
Sic	death. ctor: A y the fu	cat	2 Accident investigation 3 Suicida 6 Could not b	Α				162 5 140	004 1	(0		10			
Division	ofter of Jin by	Certification:	4 ☐ Homicide determined	28e. Pleca of Injury building, etc. (- At nome, te Specify)	rm, street, tectory	y, office		City or To	(Street and Numl wn, Stata)	per or Hura	I Houte Nu	mber,		
_	urs de la la la la la la la la la la la la la														
	To the Hospital or Attanding within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	edicai	(Check only 2 Medical Exam	ystoten: To the best of n rilner: On the basis of ex	eminetion en	, deeth occurred d/or investigation,	et the ti	me, dete end pled opinion, deeth occ	e, end due to the curred et the time	dete end pleca,	end due to	ated. the ceuse	(s)		
	To the Hospital or Attanding Physician: The is within 24 Hours effe death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	Mec	0.07	and menner steted	d.										
	P ₹ P 8														
	1		Jams Pamerena MD D36421 8,									23/96			
	- nu		30. Name and address of person who completed cause of death (Item 23e) (Type, Print)												
			30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Vames P. Amerena 110 Daughmans Lowe Frederick, Md, 21702 31. Dete tiled (Month, Dey, Year) 32. Registrer's Signeture AUG 2 8 1996 Jahi Daughmans Kardoll												
	Sta	-	31. Dete tiled (Month, Dey, Year)	32. Registrer's	Signeture						,				
	Registr	ar	AUG 2 8	1996 Mais	Davalion	Rardall									
DHI	MH 16 Rev 6/9	5		0											

DHMH 16 Rev 6/95

9.

Amended #7 8/28/96 CDU Allegay County

	1 - STATE REGISTRAR	STATE OF N					DEAT		MENTAL	REG. NO	t		
	1. DECEDENT'S NAME (First, Middle, Lest)					- 01	547	-	2. DATE O	F DEATH		3.	TIME OF DEATN
	Terrance Jos	eph	Steele		Sr.				A1101	1st S		YEAR 4	:30 P. M
		5. SEX	8. AGE (In yrs. lesi	birthday)	IF UNDER		IF UNDER		7 DATE O	BIRTH /	1481	BIRTNPL	ACE (State or Foreign
	218-50-2483	1 x M 2 ☐ F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	The search	96 W	Country)	
	Se. FACILITY NAME (If not institution, give stre						OR LOCATION		EATN		9c. COUNT	Y OF DEAT	'n
OR	DOA Memorial H	lospita.	L		Cum	ber.	Land			4	lleg	gany	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY												
H	Maryland Alleg	anv			Y, TOWN O								d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			2011								_	YES 2 NO
FUNERAL	8 High Street						1. ZIP CODI 1. 5.3.9					ISA	T COUNTRY?
JNE		12. WAS DECEDENT	EVER IN U.S. ARI	MED	12	WAS DEC	ENDENT O	E MICOA	NIC ORIGIN?	(Panalhi Mai			American series
	1 Never Married 2 Married		YES 2 N		100	If yes, sp	ecify Cuba	n, Maxica	an, Puerlo Rk	an, etc.)	or No-		American Indian, hita, etc.
ВУ	3 Wildowed 4 Divorced	Vietna				I L TES	2 NO	Specin	ry-			Specify	Nhite
9	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a, DE0	CEDENT'S	USUAL O	CCUPATIO	ON set of workin	107	16b. F	IND OF BU	SINESS/INDU	STRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)				st of working	9		T	rucki	ng	
COMPLETED	12	0	TY	иск	Dr	Lvei							
00	17. FATHER'S NAME (First, Middle, Last)								AME (First, Mi		Surname)		
BE	Claude Steele						Ali		Dev:				
9	19a. INFORMANT'S NAME (Type/Print) Catherine Stee	1.							Route Numbe				
	20a. METNOD OF DISPOSITION	Te						COII	ing,	_			
	1 StBurlet 2 Cremation 3 Removed	ral from State	20b. PLACE A cemetery, cres	matory or o	ther plecel				DATE		CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Isunse	EL IVI	em.	PAI	ND ADDRES	ug.	KULTY	1990	Cumb	erra	ind, Md.
	$\rightarrow 0$ - m_a	11							Kenz:	ie Fi	inera	1 Hc	ome
- 7	you E. "I'm	14e			Lo	onac	oni	ng.	Md.	21539)		
	23. PART I. Enter the diseeses, or co shock, or heart failure. L	emplications that let only one cau	ceused the de- se on each line.	eth. Do	not enter	the mo	de of dyl	ing, suc	ch as cardle	c or respi	ratory srre	nt,	Approximata Interval Between
	IMMEDIATE CAUSE (Finsi disesse or condition		,		,								Onset and Death
	resulting in death)	Care	OR AS A CONSEC	rest									6min
		A 16	OH AS A CONSEC	L.	F):			4	1.				841
CERTIFICATION	Sequentially list conditions, b.	DUE TO	OR AS A CONSEC	UENCE O	C0:/0	147	ar	T	alse	usc			0 71.
CAT	If sny, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disesse or injury that initisted eventa	DUE TO	OR AS A CONSEC	UENCE O	F):							-	
FF	resulting in desth) LAST												
Ō	PART II. Other aignificant conditions	contributing to	death but not r	neuiting	In the us	derivin	n course o	alvee le	Part 1	4a. WAS AN	ALITODOV	A 45 MM	
CAL	Dry beter mell	4 4			iii tire ui	ideriyiri	a canaa i	given in	Part I.	PERFOR		AV	RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDI	VIGTO TO	1 11	1010						-	YES 2	Kho		MPLETION DF CAUSE DEATH?
Σ	DID TOBACCO USE CO	ONTRIBILITE	TO CAUS	F OF	DEAT	H V	ES ET	NO				1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	JI TI KIDOTE	TO CAUS	- 01	DEAT		4.5		heck only one)				
SICI	EXAMINER?	HOSPITAL:	ED/Outpettt 2	Auda.	OTHE	R:							
¥	27. MANNER OF DEATH	26a. DATE OF		26b. TIN	-	26c. INJ		isidenca	6 Other		NJURY OCCU	IDED	
	1 Netural 5 Pending	(Month, Da		IN.	JURY M	WC	PRK?	□ NO	200. 0230	NIDE NOW	NJOHT OCCU	MED	
-	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	FINJURY At hor	me, farm,	street, fact			- 13	26f, LOCAT	ION (Street a	and Number o	r Rural Rout	e Number.
ВУ		building,	etc. (Specify)							Town, State)			
	4 Homicide determined				_		-0.5	/2000V					
	4 Homicide determined	AN: To the best of	my knowledge, de	oth occurr	ad at the t	iron data			a to the course	(a) and man		4	
	4 Homicide detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PNYSICE												nd manner as stated.
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC)						eath occur	red at the	fime, data a		d due to the	cause(a) ar	
BE COMPLETED	4 Homicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER			nvestigation				red at the	fime, data a		d due to the	SIGNED (M	onth, Day, Year)
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BE COMPLETED	4 Homicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND THE OF CERTIFIER	COMPLETED CAUS	E OF DEATH (ITEM	D (Type	on, in my c	opinion, d	29c. LICE	ense nui	fime, data a	nd place, an	29d. DATE	SIGNED (M	onth, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local places. Flowers after death by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

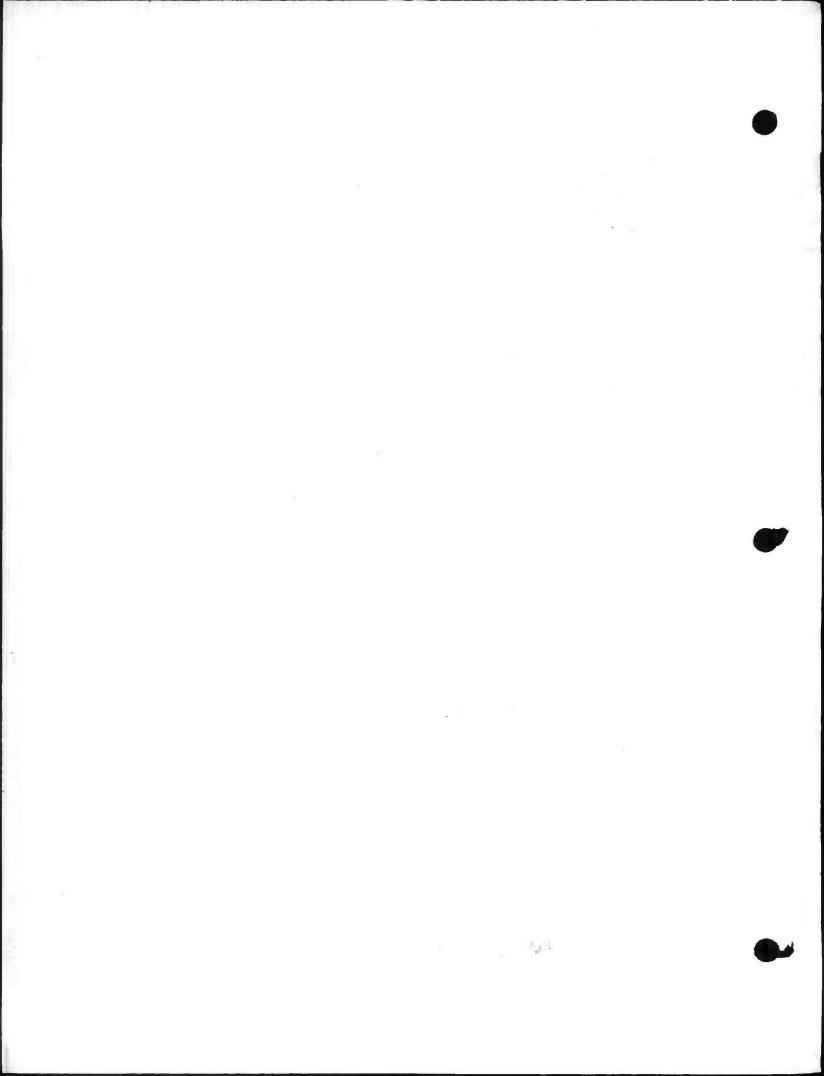
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s has flad within 70 hours after death with the Stras Dan of Health and Mental Handens notor in harial compation or amount	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
į	1. DECEDENT'S NAME (First, Middle, Last)	D 11			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
		Bell S. SEX G. AGE (Sloan			+,1996	5:08 P. M
	,	□ M 2× F 10	3 YRS. MONT			393 Mar	yland
۳ ا	99 Douglas Ave			erry, town on Location of DE Daconing		111egan	
213	RESIDENCE OF DECEDENT						
DIRECTOR	Maryland Allega	ny		oning			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	99 Douglas Aven	ue		101. ZIP CODE 21539		USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puarto Rican, etc.)	Blac	E — American Indian, k, White, alc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	life. Do NOT use retire	one during most of working	166. KIND OF BUSI		
N C	17. FATHER'S NAME (First, Middle, Last)		201.600		ME (First, Middle, Maiden S		
BEC	Archabald Bel	1		Louise	Wessenfa	a11	
2	19a. INFORMANT'S NAME (Type/Print) Frederick Rober	tson Sloai	196. MAILING ADDR	ndonderry S	Route Number, City or Town,	State, Zip Code)	vada 89119
	20a. METHOD OF DISPOSITION 1	al Irom Stata 20b.		POSITION (Name of Crematory	90ATE 200. LOC	ATION - City or it	rland, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /		22. NAME AND ADDRESS OF FA ichhorn-McK Lonaconing,			ome
NOI	23. PARTY I. Enter the diseases, or core ahock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	ONSEQUENCE OF):	Ischanic	h aa cardlac or reapin	atory arreat,	Approximate interval Batween Onset and Daeth 3 weeks
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOH AS A	CONSEQUENCE OF):	enoscleros	ol S		years
١	PART II. Other algnificant conditions	contributing to deeth b	ut not reaulting in the	underlying ceuse given in	Part I. 24s. WAS AN A		. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC					1 _ YES 2	ONO	OF DEATH?
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF DE	ATH YES IT NO	TX		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	7		
12	1 TES 2 NO	HOSPITAL: Inpetient 2 ER/Outp	etient 3 DOA 4 D	IER: Nursing Home 5. Residence	6 Other (Specify)		
1 PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCUREO	
2	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, lerm, street,	lactory, office	281. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,
OMPLE				he lime, deta and placa, and dua my opinion, death occured at the			e) and menner as stated.
O BE	296. SIGNATURE AND TITLE OF CONTIFIER	ams		DO7	MBER OO 4	29d. DATE SIGNED	(Marith, Day, Year)
لاو	130. NAME AND ADDRESS OF PERSON WHO CO			TI LONACOI	VING MI), 215	39
7	31. DATE FILEO (Month, Day, Year) AUG 2 8	32. REGISTRAR'S SIGN.					
	AUU T Y	//www.mesus	The state of				



nysici	an	Decedent's Nan	na (First, Middla, L	ast)						2. Data of I		189Your	3. Time of the th
Medic			TER CHARL							Aug.		1996 ^{Year}	6:30 m.m
xamin	er	4e. Facility Name ((If not institution, g RAND AVE		umber)					n, or Location of De ERLAND	_	County of Death	
neral ector		5. Social Security I 220–16		Sex 1DXM 2□F	7. Aga (in yi		thday) Yrs.	If Undar 1 Yeer Months Days	If Under 24 Hours	Hrs. 8. Dete of E (Month, I Sep)		9. Birth	placa (Stata or Foreign
		Usual Rasidance	of Decedant										
edical Examiner must be notified at	tor	10a. Stata MD	10b. County Allega	ny	10c. (City, Towr		ation rland					10d. Inside City Limits 1 ☐ Yes 2 ☐ No
not	Director	10e. Street and Nu		-				10f. Zip Coda			10g. Citiz	an of What Cou	intry?
No. of		917 Gr	and Aven	ue				215	02			USA	,
	Funeral	11. Maritai Stetus		12. Was Dec	cedent Evar In	U,S.	13. W	es Decedant of H	lispanic Origin	n? (Specify Yas or f Puerto Rican, atc.)	No- 1	4. Race - Amari Black, Whita	
			ried 2 Merried	tf Yas, G	orcas? 2 ☐ No liva			JYas 2 No	Specify:	donto riloan, atc.,	7.	Specify:	
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1 Official 2 Creme 4 Donetion 5 Official 21. Signature of Funaral Se				•	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_			08/28		mberlan	a, MD	
once		Min	holas	J &c	arpe	Ut	22.1	Scarpe		neral Hom MD 21502			
		23a. Part1. Entar shock, or has	tha disease, or cor art failura. List only	nplications that y ona causa on	caused tha de aach iina.	ath. Do n	ot entar	tha moda of dyir	ng, such as ca	rdiec or raspiratory	errast,		Approximata Interval Batween Onset and Death
an al		tmmediata Causa	(Einel										
er		disaasa or condition	on	a. My	relody	spla	asia	à					2 months
	e e				Dua to	(or as a c	conseque	ance of):					
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	Medi	rasulting in daeth)	Last	d	20010	(0) 65 6 0	orisequa	ance ory.					
	Physician/M	Part II. Other signi	ficant conditions	contributing to d	death but not re	asulting in	tha und	larlying causa giv	van in Part I.	23b. Di	d tobacco u	uss contributs t	to the cause of death?
detached										1[] Yes 2)8	√No 3□Pro	obably 4 Unknown
	ted by									24a. Wa	as an autops		Vara autopsy findings
1	Completed									_		C	ompletion of cause death?
	E C									10	Yas 2	DNo 1	□Yas 2□No
	Be	25. Was casa rafa	rred to medical						26. Placa o	f Death (Check only	y ona)		
	2	axaminar?	No	Hospitai:	Inpatient 2	☐ ER/Out	tpatient	3 DOA Oth	nar: 4 Nurs	Ing Homa 5 Ra	sidance 6	Other (Speci	ify)
		27. Mannar of Deal	th 5 Pending	28a. Data	of Injury oth, Day Year)	28b. T	ima of	28c. Inju	ry at	28d. Dascrib	e how injury	occurred	
	atic	2 Accidant	invastigatio	n	, , , , , , , , , , , , , , , , , , , ,		,,,		Yas 2□No	•			
	Certification:	3 ☐ Sulcida 4 ☐ Homlcida	6 Could not l datarmine	28a. Plac	e of Injury - At ling, atc. (Spec	homa, far	m, stree	et, factory, office			(Street and own, Stata)		ral Routa Number,
		29a. Certifiar (Check only	Certifying P	hysician: To-thi	best of my kr	nowladga,	, daath o	occurred at tha tir	ma, data and p	place, and due to th	e ceuse(s)	and manner as	stated.
1	-									OCCUITMENT AT THE PARTY	и, они жит		O tha causais)
	Medical	one) 29b. Signature and	1	and mar	ar statad.	iation enc	ZOI IIIVA:	29c. Licens		occurred at the time		a signed (Month)	

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30. Nama and addrass of person who complated cause of death (Nam 23a) (Type, Print)

Dr. W. Guy Fiscus; 500 Memorial Avenue; Cumberland, MD

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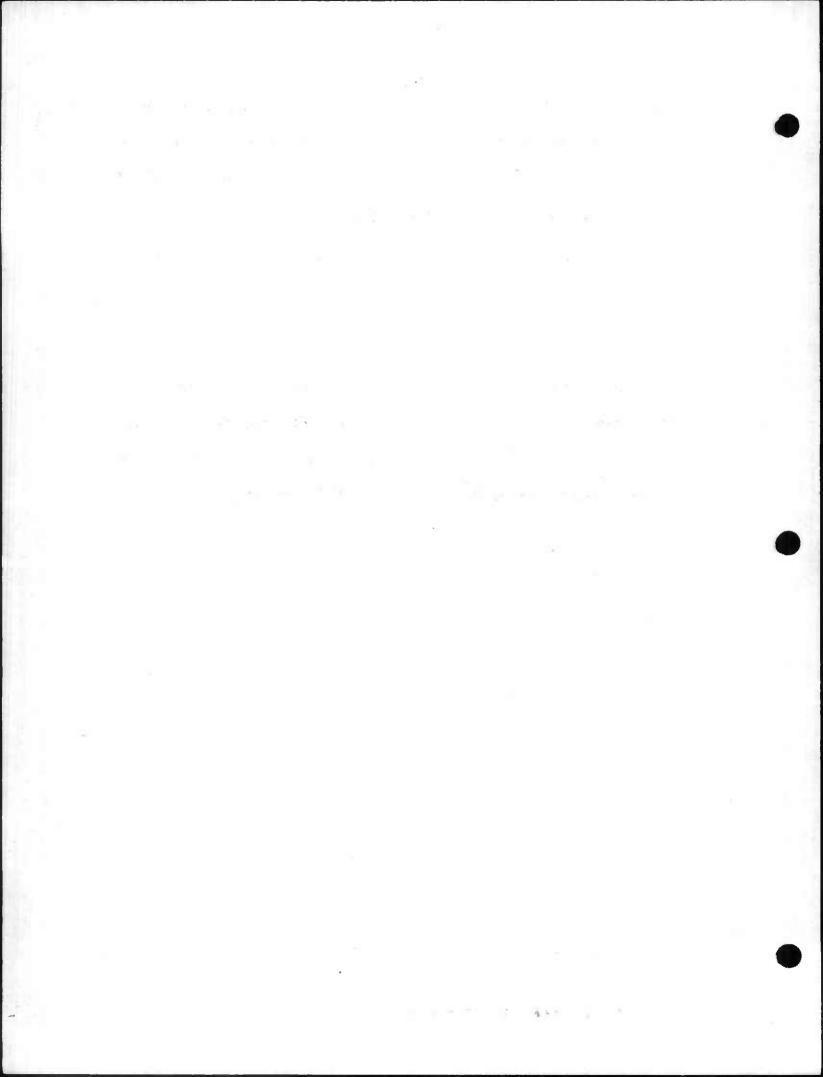
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State of Maryland / Department of Health and Mental Hygiene

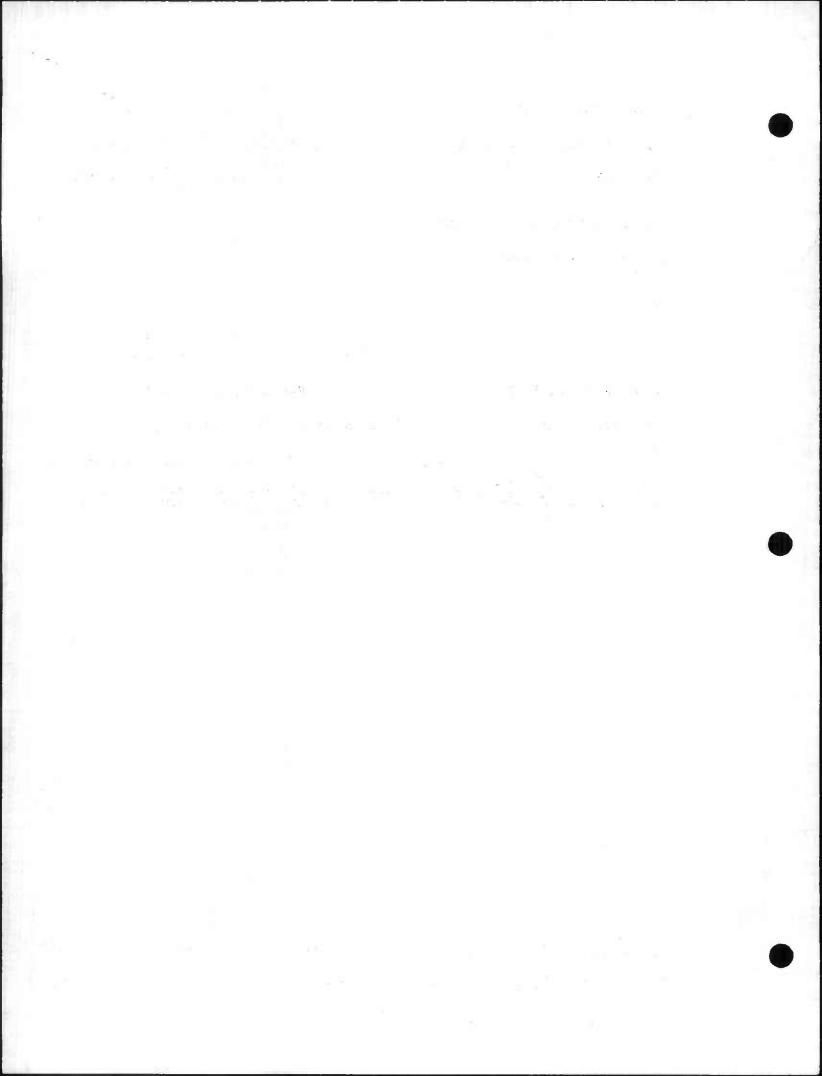
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Dhusisian		. Decedent's Neme (First, Mic	idla, Last)		,-						2. Dete of De Month	ath Dey	V	3. Time of Death
Physician /Medical		RUBY	E	•		SAPP					August		1996	
Examiner		a. Facility Nama (If not institut									cation of Deati		County of E	
		Moran Manor	Nursi	ng Ho	ome				West	ernpo			llega	
uneral	5	. Social Security Number	6. Sex	2X F		(In yrs. last birtl	-Guy	If Undar 1 Yaer Months Days		24 Hrs. Min.	8. Deta of Bir (Month, Da Jan. 2	th y, Year)	9.	Birthplace (Stata or Foreign Country) Orth Carolina
irector	-	143-03-5323	13"	2201	84	Y	rs.				Jan. 2	2, 19	912 N	orth Carolina
ž	-	Isual Rasidence of Decedant Oa. Steta 10b. Cour	itv			10c. City, Town	or Loca	ntion						10d. inside City Limits
of the	5	N.C. Ire	dell					ville						1⊈ Yes 2 No
28a north	1	0e, Street and Number						10f. Zip Coda				10a Citiz	an of Wha	t Country?
D S	i	2640 Davie Av	Α.					100	677					tates
If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examiner must be inclined at or other traumatic event, the Medical Examiner must be inclined at To Be Completed by Funeral Director	5 1	1. Marital Stetus		Was Dec	cedent Ev	ar in U.S.	13. Wa	as Decedent of I		lain? (Spe	cify Yes or No			American Indian,
를 해 <u>무</u>	3	1 Never Merried 2 M		Armed Fo	orcas?		If Y	as, specify Cub	oan, Mexica	n, Puerto F	Ricen, etc.)			Whita, etc.
by by		3X Widowed 4 □ Divorc		If Yas, Gi	iva		1 🗆	□Yas 21 No	Specify:			5	Specify:	White
nt, the Medical Int.	3	15. Deced	ant's Educet	ion		18a. I	Deceder	nt's Usual Occu	pation		150	18b. Kin	d of Busin	ass/industry
C S S	-	(Specify only high		om <i>plated)</i> Collage (nd of work dona NOT usa ratire	during mos d)	it of workir	ng			
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arked others artic event		7. Father's Neme (First, Middl	e, Last)						18. Moth	ar's Nama	(First, Middle,		Su <i>m</i> ame)	
To E	5	William	Feins	ter					Ru	by	Fle	mish		
Tage I	1	9a. Informant's Neme/Ralatio	nship (Type	Print)			-	Address (Street						
n27		Edith Warren						locksvil	le Hi	ghway	, Nort	h Car	rolin	a 28677
Important: If item 27 any injury or other tr once.	2	0e. Method of Disposition 1 ☐ Burial 200 Cremation	3 🗆 Ban	oval from	State	20b. Place of cematary	Disposit , <i>cr</i> ama	tion (Nama of tory or othar pla	109)		Deta	20c. Loc	ation - City	y or Town, State
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dicai		mmediata Causa (Final lisaesa or condition			00	Vdiac	0	Dusch	4 thin	n' h				12 hours
niner	r	esulting in death)	8		D	ua to (or as a co	onseque	Dysch ence of): 1 State	1					12 hours
in a					C	oron	ary	1 Sute	ry	Di	seas			104000
tel-transit Examiner	5	Sequentially list conditions,				ue to (or as a co			1					
burde in		Sequentially list conditions, any, laading to Immadiata euse. Entar Underlying ausa (Disaase or Injury												
Medical	n	net initieted evants asulting in death) Last	1		D	ua to (or as a co	nseque	ence of):						
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etached for u	-	and II. Ohbar alond Hanna and di												
detached		ert II. Other significant condi		_	leath but	not resulting in	the und	anying ceusa gr	van in Part	1.				bute to the cause of death?
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should should	_										perto	rmed?		available prior to completion of cause of death?
page 2 should												Yes 218	Tale	
rector, pag		5. Was case rafarred to medic	al le						OF Plant	ad Da ath	10		-140	1 Yes 2 No
		axaminer? 1 ☐ Yas 2 ☑ No		pital:	Inpatiant	2 ER/Out	nationt	3 DOA Ot	har		(Check only only one 5 ☐ Rasi		DOther /	(Casalful
5 78		7. Mannar of Death		28a. Data	of Injury	28b. Ti	ma of	28c. Inju			8d. Dascribe			Specify)
ation		Natural 5 Pend 2 Accidant invas	ding stigation	(Mon	nth, Day	rear) In	jury		rk?]Yas 2□	No				
el Director: After t led in by the funera Certification:		3 ☐ Suicide 6 ☐ Couldata	d not be	28a. Place	e of Injur	- At home, far	n, strea	t, factory, office		2	28f. Location (Number o	or Rural Routa Number,
2 = P		4 D Homeage		bund	ling, afc.	(эрөспу)					City of Tol	vii, Siate.)		
3 A ()		(Check only 2 Medica	ring Physici	an: To the	a best of	my knowledga, xamination and	daath o	ccurred at tha ti	me, dete en	d piece, a	nd due to the	ceuse(s) e	end menne	er as steted. dua to tha cause(s)
ely fille		one)		and man	nnar state	id.								
npietely fille			iar .					29c. Licen	se number			29d. Data	signed (N	fonth, Day, Year)
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completely fill		9b. Signatura end titla of certif						32	-124	84		8	128	196
completely fill	2	D. Nema and addrass of parso		lated ceus	sa of dea	th (Itam 23a) (T	ype, Pr	nnt)				8	128	196
To the Funer completely fill	30	10	in who comp	elated ceus	sa of dea	ith (Itam 23a) (T	ype, Pr				cc, m	8.	2153	19(



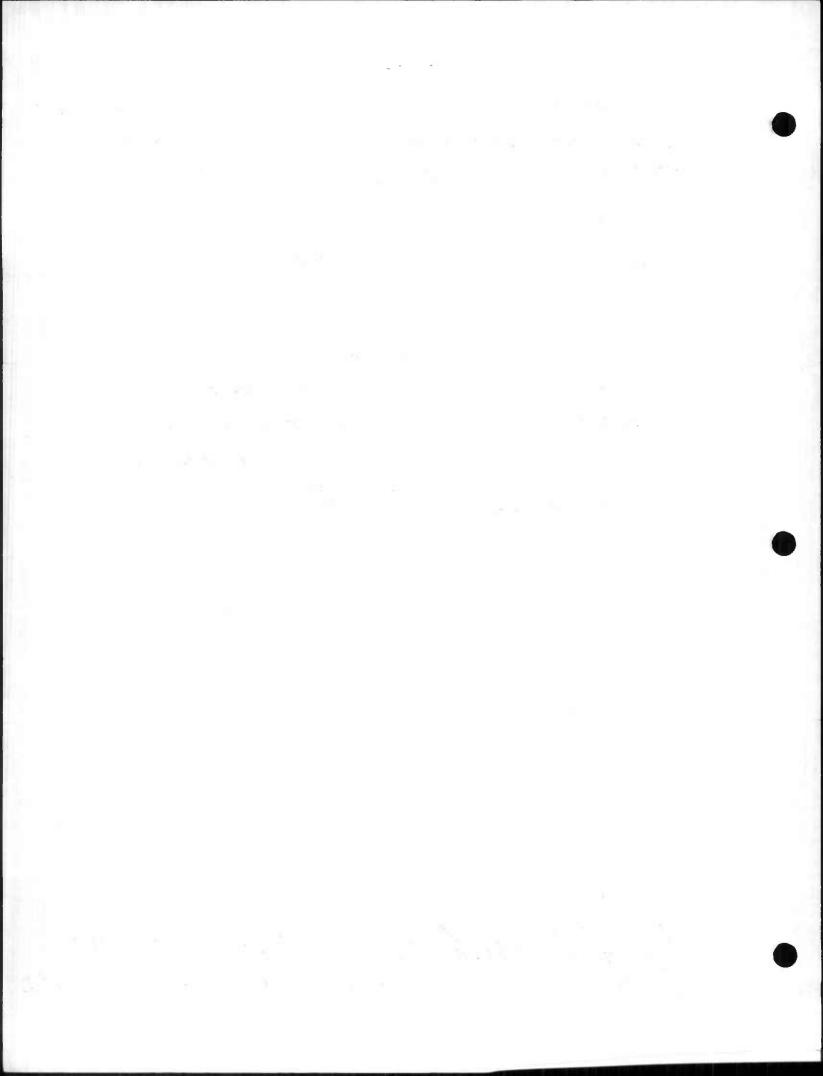
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					State of W	arylariu		ificate of	Death	Wentarn	Reg. N		0 6	4/6	85
г	Physici	an	Decedant's Nama (First, Mid							2. Data of D Month	0	ay	Yaar		of Death
	/Medi		DELLA MARIE S							A064:			1996	3:4	8 PM
4	Examir	ner	4a. Facility Nama (If not instituti						4b. City, Town, or			c. County			
-			DORCHESTER GI 5. Social Security Number	ENERA 6. Se		'AL ga (In yrs. las	et hirthday)	# Under 1 Year	CAMBRIDGI If Undar 24 Hrs			DORCH			e or Combin
	Funeral Director		214-07-8538 Usual Rasidance of Decedant		M 2 1 F	90	Yrs.	Months Days			l, Yea	906		LAND	a or Foraign
	yland		10a. Stata 10b. Coun	ty		10c. City,	Town or Loca	ation					1	0d. inside	City Limits
	Man	ţo	MARYLAND DORCE	HESTI	ER	CAMBI	RIDGE							1 🗆 Ya	as 2 No
	or 28	Director	10e. Street and Number		-			10f. Zip Code			10g. C	itizen of V	Vhat Cour	itry?	
	23e		2130 SILVER GO	OOSE	ROAD			21631				USA			
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hygiene. Ther than "naturet", or flems 23a or 28a-f show ent, the Medical Examinet must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Ma 3 ☑ Widowed 4 □ Divorce	arried	12. Was Decedant Armed Forcas? 1 ☐ Yas 2 ☒ If Yes, Giva Yaar or Datas:		N.	as Decedant of Yas, specify Cub ☐ Yas 2 ☑ No	Hispanic Origin? (pan, Maxican, Pua Specify:	Specify Yas or N rto Rican, atc.)	0-		k, Whita,		
2-0	72 ho	ted	15. Deceda	ant's Edu	cation		16a. Decede	nt's Usual Occu	pation	and the si	16b.	Kind of Bu	sinass/In	dustry	
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anc	the beat of the be	Be	17. Fathar's Name (First, Middle							ama (First, Middle					
Ž	d Mei	7	GEORGE ANDREW 19a. Informant's Name/Ralation				404 44 11	1.11		VIRGINI					
S	d 2 si th an 7 is r traur		PAUL PRITCHAR		,				t and Number or F OOSE ROA						
ē,	Heal Heal lem 2		20a. Mathod of Disposition	0750	14	20b. Pla	ce of Disposi	tion (Nama of		Data Data	T -	Location -			
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ã	Department of the partment of		Dan hick	14	-	000			NERAL HO				-	621	
9			23a Pani. Enter the disease, hock, or heart feilura. Lis	or come	cations that gause	d the death.			207, EA			ET, M	ID 21	Approxim	lata
ı	Physician		hock, or heart feilura. Lis										i	Interval B Onsat an	etween d Deeth
a	/Medical		Immediata Causa (Final diseesa or condition		CONGE	STUE	= 4	EART	FALL	IRE			1	3 DA	45
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	be executed ician and burial-transit	Examiner	Sequentially list conditions,	•). — -		as a consequ	1						f . 1774	-
60,	cats be swoul physician and sithe burial-tra-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	,	ATHE	DOSC	LEDR	1818					1	450	RS
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ord	The law requires that the ate has been signed by the page 2 should be detach	8								24a. Wa	s an aut		24b. W	ara autops allabie pric	y findings
ecc	aw re	pie			<u> </u>					,			CO	mpletion o deeth?	causa
Œ	The ate h	Completed								1□	Yas	2 No	10	Yas 2	No
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n C	Ing P.	inol in	27. Mannar of Death 1 Matural 5 ☐ Pand		28a. Data of Inju (Month, Da	iry Year) 2	8b. Tima of Injury	28c. Inju		28d. Dascribe	how in	ury occum	red		
Sic	death. ctor: A y the fu	cat	2 Accident Invas 3 Suicide 6 Could	tigation d not be	One Diese of In		l Filesov.		Yas 2□No	Opt Lecation	(Cten et	an of Alcomb		of Boute M	
Division of Vital Records,	s after of M Directed In Directed In Directed In Directed In Dy	Certification:	4 ☐ Homicide datar	mined	28a. Place of In building, at	jury - At hom c. <i>(Specify)</i>	ie, farm, strei	et, factory, office		28f. Location City or To	(Street a	in <i>a ivumb</i> ifa)	er or Hurl	I Houta No	imber,
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one)	ing Phys I Examir	nician: To the best ner: On the basis o and manner st	f axaminatio	edge, death on and/or inva	occurred at tha ti stigation, in my	ima, data and plac opinion, death occ	e, and dua to the curred at tha time	a causa , dete a	s) and ma	nnar as s and dua to	tated.	9(S)
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			30. Nama and addrass of person	n who co	mplated causa of c	laath (Itam 2	(3a) (Type, P	rint)							
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	Sta		31. Data filed (Month, Day, Yea	r)	32. Registr	ar's Signatur	ra o a								
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 27686

						•	Cen	tificat	e of	Death			Reg. No.		
n		3	Decedent's Nama (First, Middle									2. Date of De Month		Vaca	3. Tima of Death
	Physici /Medi		John I	Randolph			Ti	NdL	3			AUL.	21	1996	1410
	Exami		4a. Facility Name (If not Institution,	giva street and no	um <i>ber</i>)					4b. City, To	wn, or L	ocation of Deat	4c. Coun	ty of Death	
		,	PENINSULA REGI								LISE			COMIC)
	Funeral Director		5. Social Sacurity Number 214–34–7728	6. Sax 1⊠ M 2□ F	7. Age	(In yrs. last birt	thday) Yrs.	If Under Months	Days		Min.	8. Data of Bir Month, Da 3/30/.	th by, Year) 34	9. Birthp Cour Mary	placa (Stata or Foreign htty) land
	pur *		Usual Residence of Decedent 10a. Steta 10b. County		1	IOc. City, Town	n or Loc	eation							0d. Inside City Limits
	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. It has been selected other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Exercities must be notified at	Director	Maryland Worces	ter		Pocomo									YE Yes 2□No
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	e 23e	Frai	208 Cedar Street		and an Eur		1 40 10			1851			1.00	USA	
_	ter de	Funerai	11. Marital Statue 12. Was Decedent Ever In U,S. Armed Forces? 1 □ Never Married 2 □ Married 1 □ Yas 2 □ XNo 1 □ Yas 2 □ XNo								Rican, etc.)		ace - Amaric ack, White,		
21215-0020	ours af	by	3 ☐ Widowed 4X Divorced If Yes, Give 1 ☐ Yes 2 ☑ No Specify:									Spec	//y: whi	te	
5-0	72 ho natur	Completed	15. Decedent' (Specify only highas)		n	16a.	Decede	ent's Usua	al Occu	petion during mos	at of work	ina	16b. Kind of	Business/In	dustry
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	Hygie ther ti	ပိ	5 8 Truck Driver 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Me									Maiden Sum	ime)		
Maryland	ould be filed with Mental Hygiene. arked other than	To Be	John Tindle												
ary	2 should and Men ie merke	-	John Tindle Helen (19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or R										er, City or Tow	n, State, Zic	Code)
	1 and 2 Health a em 27 le		Glen Tindle (so	n)		208	Ce	dar	St.	, Pocc	moke	e City,	Md. 2	1851	
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 eny injury or other tropics.		20a. Method of Disposition		n State	20b. Plece of Disposition (Name of cemetery, cramatory or other place) Lines Cemetery						Data 3/24/96	own, Stata , Delaware		
altii	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service L					22. Nama and Address of Facility Melson Funeral Home						, bolumare	
0	Deparitment important		CINC	MADI			1117					city,	Md 2	1851	
r	-4		23a. Part1. Enter the disease, or o shock, or heart failure. List o	complications that	caused to	ne death. Do r								1031	Approximate Intarval Between
d	Physician			~ ~	N N	1	1								Onset and Deeth
1	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a	10	sta	(+	e		_a	nc	er	•	i	145
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	uted d ansit	Examiner	Convention to the ten and the sea	b	Di	ua to (or as a c	onenau	ionoo of):						1	
ó	ertificate be executed ing physician and e as the burial-transit		Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated exists)		00	a to (or as a c	onsequ	ience orj.							
68760,	ate be hysici	edicai	Cause (Disease or Injury that initieted events resuiting in death) Last	C	Du	a to (or as a c	onsequ	ance of):						<u> </u>	
×	death certificate be executed to attending physician and ad for use as the burial-transit	2		d											
Bo.	that the death cer ed by the attendin detached for use	Physician/	Part II. Other significant condition	ne contributing to d	not resulting in	the un	deriving c	ause di	iven in Part	1.	23b. Did	tobacco use o	ontribute to	the cause of death?	
P.0	by the	hys	COF	> N				,					Yee 2 No		10
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Record	v requires that the been signed by th should be detach	Completed										24a. Wes	an autopsy med?	av	ere autopsy findings allable prior to mpletion of cause
3ec	2 s	mple												of	death?
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of Vital	25. Was case referred to medical examiner? 1 Yes 2 No Hospital: 1 Inpatient 28a. Date of Injury							•□ ••	. 01	her		h (Check only			
of	Phys or this eral di	n: To	27. Manner of Death	Inpatient of Injury oth, Day		lma of		8c. Inju	*	ursing Ho	ome 5 ☐ Resi 28d. Describe			у)	
ion	Attending or death. Sector: After by the fune	atio	1 Natural 5 Pending		Nin, Day	(ear) Ir	njury	м		ork?]Yas 2□	No				
Division	r Atte	Certification:	3 ☐ Sulcide 8 ☐ Could no determine	and 288. Plac	28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number Dullding, etc. (Specify)							al Routa Number,			
	ta safe														
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai		Physician: To the xaminer: On the band man		xamination and									
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** AUGUST Wilbur Trumpower /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington County Hospital Hagerstown, If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth
Months | Deys | Hours | Min. | (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) **Funeral** Deys 1⊈M 2□F 219-20-1687 72 Director Sept. 16 1923 Washington Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
Int: If them 27 is marked other than "natural", or items 23a or 28a-f show 10a Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or hems 23a or 28a-f show traumatic event, the Medical Exeminar mast be notified at 10d. Inside City Limits MD Washington Yes 2 No Director Hagerstown, 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21740 U.S.A. 13634 Ivy Way Funeral 11. Merital Status 12. Was Decedent Ever In U,S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Married 2√ Merried 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Dairy Farm Elementery/Secondary (0-12) College (1-4or 5+) Farmer 10 yrs. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Grace Slayman David Samuel Trumpower ဨ 19a. Informent's Neme/Ralationship (Type, Print) 19b. Melling Addraes (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health ar Important: If Itam 27 Is any Injury or other trau Charlotte Trumpower 13634 Ivy Way Hagerstown, MD. 21740 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlel 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) Clear Spring, MD Paul Cem. Sept. 1,1996 21. Signeture of Funerel Service License 22. Name end Address of Facility Thompson Funeral Home, Inc. 23a. Part 1. Enter the disaasa, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, MD shock, or haart feilure. List only one ceuse on each line. Approximate **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical Examiner Examiner attending physician and for use as the burial-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Physician/Medical ed by the a Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? signed by t d be detact 1 Yes 2 No 3 Probably 4 Unknown þ been si 24b. Ware autopsy findings available prior to completion of cause of deeth? 24a. Was en eutopay performed? Completed certificate has b lirector, page 2 s 1 Yes 2 N 1 TYes 2 No To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Wes case rafarred to medical axaminer? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Daath 28d. Dascribe how injury occurred 28c. tnjury et Work? 28b. Time of 5 Pending Investigation 1 Maturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, factory, office building, atc. (Specify) 4 Homicide ring Physician: To the best of my knowledga, deeth occurred et the time, dete end place, and due to the cause(s) and menner as stated.

adical Examiner: On the basis of exemination and/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner steted. Medical 29a, Certifian 29b. Signature and title 29d. Date signed (Manth, Dey, Year) 29c. License number

State

Registrar

Baltimore, Maryland 21215-0020

The law requires that the death certificats be executed

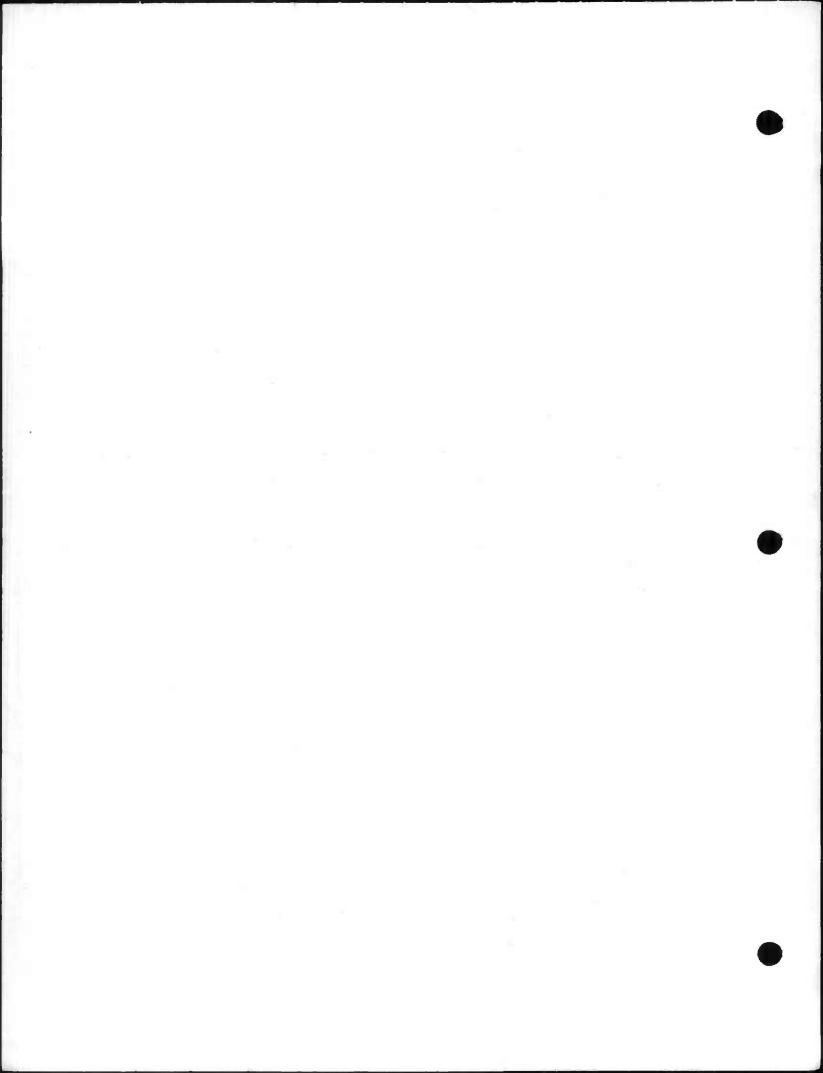
Division of Vital Records, P.O. Box 68760,

32. Registrer's Signature

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to find within 72 hours after death with the State Dent of Health and Mental Haritane now in high an example of comments.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							9	6 27688
	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HE				
	1. DECEDENT'S NAME (First, Middle, Last)		OLITINI	OATE OF E	LAIII	REG. NO		3. TIME OF DEATH
	WALTER	WILLIAM	TEAC	H		SEPTEMISE	2 1, 19	196 4:30 A M
	4. SOCIAL SECURITY NUMBER 213-01-1818	5. SEX 6. AGI	(In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give a		00 (118)	9b. CITY, TOWN OR	LOCATION OF D			Maryland Y OF DEATH
DIRECTOR	Williamsport Nur			William				hington
		ington		town on Location 1 i amsport				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 234 E. Potomac S				1795	-	16g. CITIZE	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVER FORCES? 1 A YES IF YES, GIVE WAR OR WW	IN U.S. ARMED B 2 NQ DATES	13. WAS OECEN If yes, speci 1 YES 2	fy Cuban, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	e or No — 14	I. RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEOENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION rork done during most retired.)	of working	16b. KIND OF BU	ISINESS/INOUS	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	1	Salesma			Brick		cturer
BE CO	William A.	Teach			Mary	Loretta	St	aley
5	190. INFORMANT'S NAME (Type/Prim) Joseph Walter Te	each	P.O.	BOX # 354	Number or Rural Willia	Amsport, M	vn, State, Zip Co D. 217	95
	20a. METHOD OF DISPOSITION 1 [X] Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Co	DE PLACE AND OATE OF THE CONTROL OF	F DISPOSITION (Name her place)	Sent 4	1996 Will	i amsport	y or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSET	a cerrami i e	22. NAME AND OSBORNE	ADDRESS OF FA	CILITY HOME	Тапорог С	, 110.
	lois 1	- (Colo-		P.O.Box	348 Wil	liamsport, M	D. 21795	5
	23. PART I. Enter the diseases, or cahock, a heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ASPIR	ATION A CONSCOUENCE OF	PN	of dying, suc		dratory arrea	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
MEDICAL (PART II. Other algorificant condition ALZHEIMER	A Don	but not resulting in	the underlying o	euse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4: ME	DID TOBACCO USE CONTI	RIBUTE TO CAUSE (OF DEATH YE	EI ON II 2	UNCERTAI			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF OEAT	H (Check only one)	OTTOERIAII			
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: 4 X Nursing Home	5 Rasidence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WORK	Y AT ? 2 NO	28d, DEŞCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, at ecity)			28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED		CIAN: To the beat of my kno						suse(s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2. MD		9	C. LICENSE NUI	WBER 700	29d. DATE S	IGNED (Month, Day, Year) TEMBER 1, 1996
	30. NAME AND ADDRESS OF PERSON WHO	TWE 7	542 0	Print) VERLOO	r De	ZIVE, BE	XXX	ero, mD
	31. DATE FILED (Month, Day, 16ar) SEP 0 4 199	32. MEGISTRAR'S SIG	NATURE	-				



TO THE MOSPIAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with each float hours after death. Page 6 may be retained by the hospital or attending physician.

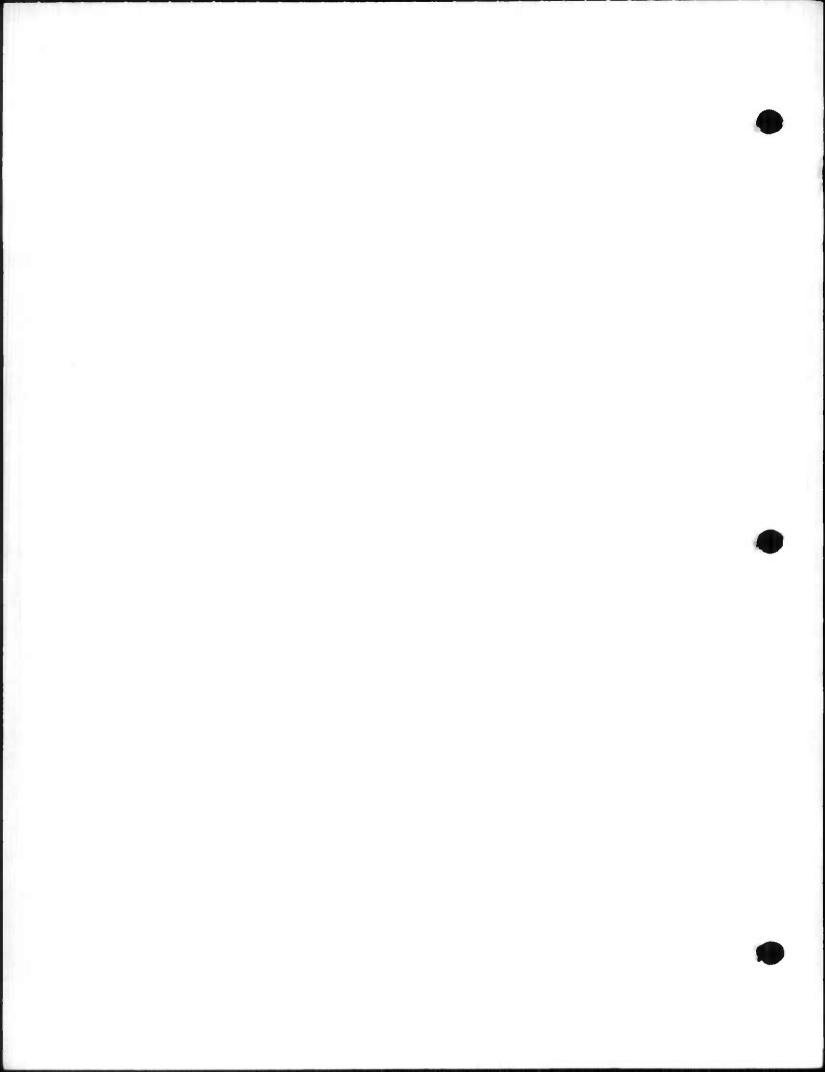
TO THE PUNETALL DIRECTOR After this certificate has been signed by the attending physician and completely fleet in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should be fleet within 72 hours after death with the State Capt. of Health and Mentar Hyperse prior to burist, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First									2. DATE OF DEATH			3. TIME OF DEATH
	Charle	es Eu	aene	Tyrrel	l					Sept. 2.	1996	YEAR	6:20 P. M
1	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1			R 24 HRS.	7. DATE OF BIRTH	. , , ,	8. BIRTH	IPLACE (State or Foreign
	228-42-48	42	1 📉 M 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	June 16.	1932	Countr	rginia
	9a. FACILITY NAME (If not it	natitution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATI	ION OF DE			NTY OF D	
l i	7 Barkdoll	2 Lane					Sm	iths	burg				ington
5	RESIDENCE OF DEC	· -											-
DIRECTOR	10a. STATE	10b. COUNT			10c, CIT	Y, TOWN OR	LOCAT	LION					10d. INSIDE CITY LIMITS?
	Md.		shingto	n		Smit	hsl	burg	Į.				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					-	101	. ZIP COD	E		10g. CIT	IZEN OF W	WHAT COUNTRY?
Ä	7 Barkdo	11 L	ane					21	783			U.S	. A .
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	S DEC	ENDENT	OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No-	14. RACE	— American Indian, t, Whita, etc.
BY	1 Never Married 2 X		IF YES, GIVE Y	YES 2 NAR OR DATES					Specify				White
			1952-										MITTOC
12	(Specify on	EDENT'S EDU y highest grade	completed)	(Gi	CEDENT'S ive kind of v Do NOT us	USUAL OCC	CUPATIO	DN ist of world	ng	16b. KIND OF BU	JSINESS/INC	DUSTRY	
1 2	Elementary/Secondary (t	0-12)	College (1-4 or 5	+)		k Dr	1 77	25		Title o 1	0 = 0 1	- 0	
COMPLETED	17. FATHER'S NAME (First, M	ficialis (not)			iluc	V DI	IV				lesa]	Le C	0.
				0						ME (First, Middle, Maide			
BE	Charles 19a. INFORMANT'S NAME (yrrell							ha D. Ar			
2	Control of the Contro									Route Number, City or To		,	
	Alice C. Tyrrell P.O. Box 116 Chewsville, Md. 21721 Description of the place of t												
	1 D Burtel 2 X Chematic	on 3 🗆 Rem	oval from State	cometacy, cre	metory or of	her place)	IDN /Na	me of	Sep	t DATE 20c. L	OCATION —	City or To	wn, Stata
	Densition 3 Particle of Town, State Sept. Bare Sept												irg.Md.
													vry Ave.
													ld. 21783
	23. PART I. Enter the d	iseases, or o	complications the	t caused the de	ath. Do n	ot enter ti	ne mo	de of dy	ing, auci	h aa cardiac or resp	iratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fir		CIEC OINT ONE COL	ase on sech line	•	1							Onset and Death
	disease or condition resulting in death)	→	· Car	ano	ne	cl	12	0	e to				4440
	CONTRACTOR STATEMENT AND ADDRESS OF THE PARTY OF THE PART		DUE TO	(OR AS A CONSEC	UENCE OF): (,						11/00
2	Sequentially list condit	loon.				-							
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CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju												
E	that initiated events resulting in death) LAS	т.	00E 10	(OR AS A CONSEC	IUENCE OF	je.							
18	8 -0	-	f										
	PART II. Other significa	int condition	s contributing to	death but not re	esulting is	n the und	orlying	cause (given in I	Part I. 24s. WAS AN		246.	WERE AUTOPSY FINDINGS
MEDICAL										PERFO	-	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						/				I □ YES	E THIND		OF DEATH?
1 - 1	DID TOBACCO U	SE CONTI	RIBLITE TO CA	USE OF DEAT	TH YE	SPIN	0 [LINC	ERTAIN				1 □ AEB 3 □ NO
IA.	25. WAS CASE REFERRED TO		tioure ro cr			H /Check on		OIAC	EKIMI	,,,,		_	
PHYSICIAN:	EXAMINERY 1 YES 2 AND		HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	er Manne	. sitted		B □ Other (Specify)			
主	27. MANNER OF DEATH		26a. DATE OF	MULHIN	26b, TIME	OF 2	Sc. INUS	URY AT	- I	284. DESCRIBE HOW	INJURY OCC	CURED	
		Pending Investigation	(Month, I)	Nay: Year)	INJ	M		RKT 2] NO				
) BY	2 Districts	Could not be	28e. PLACE 0	F INJURY — At hor	ne, ferm, at	treet, factor	, office			2M. LOCATION (Street	and Number	or Runk R	tude Mumber
H		determined	building,	etc. (Specify)					_	City or Rown, State			Amountings
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						te an may sapre	mont, un	man occur	ed at 1000	time, tiete and prace, a	vir due to to	e canee(a)	and manner as stated.
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State of Maryland / Department of Health and Mental Hygiene

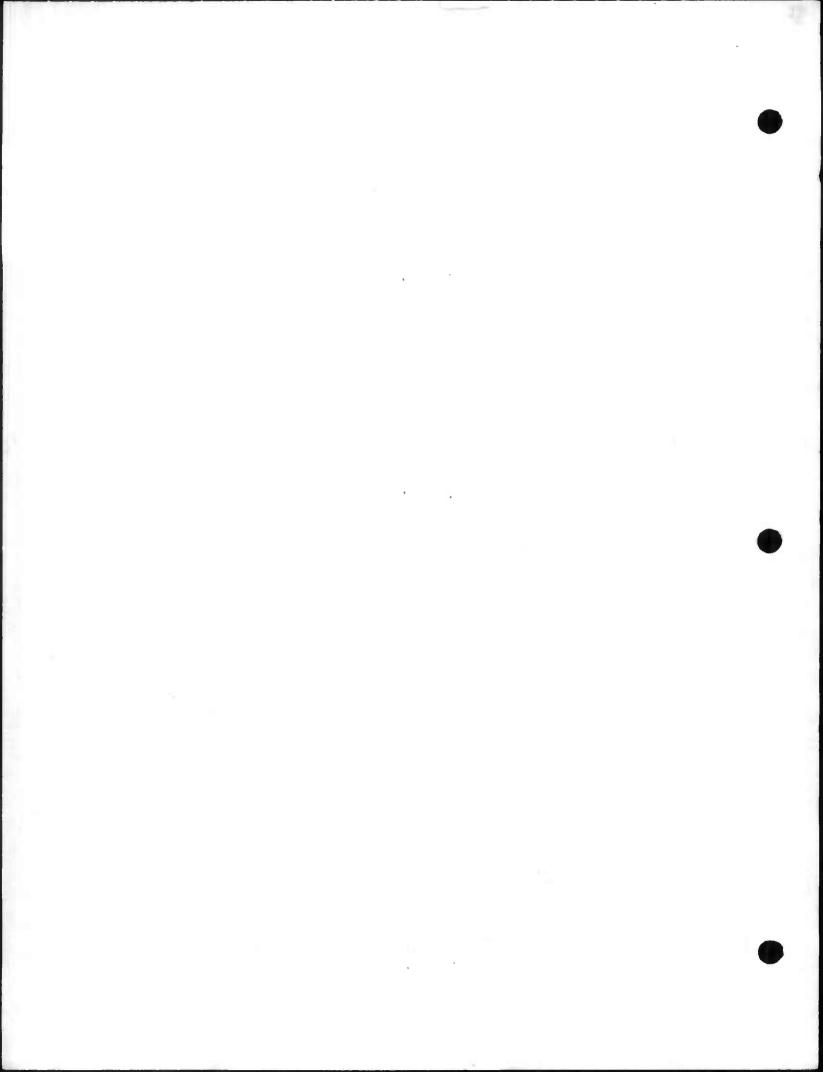
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							Cer	tificate	of i	Death			Reg. No.			
			1. Decedant's Nama (First, Midd	lia, Last)		_						2. Data of I		W	3. Ti	ma of Death
	Physic /Medi		Haskell Wal	ter Todd.	Sr.							Month Aug us	t 25, 1	996	6	:42 P.I
	Exami		4a. Facility Nama (If not institution	on, giva street and n					1	4b. City, To		ocation of De		nty of Deatl		
			Holy Cross I	Hosptial						Silv	er S	pring	Mon	tgame	rv	
Г	Funeral		5. Social Security Number	6. Sax	7. Aga	(In yrs. last b	irthday)	If Undar 1	Yaar Days	If Undar		8. Data of E (Month, I				Stata or Foreign
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	or 20	- Sire	10e. Street and Number	nine Dee	a a			10f. Zip Co	oda				10g. Citizan	of What Co	untry?	
	23e	Ta .	13102 Brandy	wine Roa	a			20	61	3			United	Stat	es	
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pu	0 = 0 =	Bec	17. Fathar's Nama (First, Middla	, Last)						18. Moth	ar's Name	a (First, Midd	la, Maiden Sun	ame)		
yia		To	Arthur H. Todo	d			_			Te	ckla	Berge	ndohl			
lar	SEE		19a, informant's Name/Ralation										ber, City or To			
	os 1 and 2 of Health a item 27 is		Mary Isabella	Todd						wine	Road		dywine,			
lor	Pages 1 nent of H nt: If ite iry or ot		20a. Mathod of Disposition	3 Ramoval from	n State	20b. Piace camar	of Dispos ary, cram	sition (Nama atory or othe	of r piac	ce)	i	Data	20c. Locatio	n - City or 1	Town, Sta	ata
altimore,	tant:		4 □ Donation 5 □ Other (5	Specify)		Lee		atory					Clinto		-	
Bal	permit. Pages Department of Important: If is any injury or once.		21. Signature of Funeral Service Ucerthee 22. Nama and Addrass of Facility Lee Funeral Home, I Alexandria Ferry Road, Clinton, Ma													
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ij.	Physician /Medical		immediate Cause /Final											1	Unset	and Death
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	uted d snsit	Examiner		b				, and a						i		
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68760,	ite be ysick ne bu	edical	Cause (Diseasa or injury thet initieted events resulting in deeth) Last	C	D	ua to (or as a	consequ	ance of);								
39 xc	certificate be assecuted in the second of th	3	resulting in death) East	d												
). Box	that the death led by the atten detached for u	Physician	Part II. Other significant conditi	ons contributing to	death but	not rasulting	in tha un	darlying caus	a giv	an in Part	l.	23b. Di	d tobacco use	contribute	to the ca	use of death?
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ls,	8 5 2	by	HISOTY OF E	ung cance												
Vital Records,	neen	Completed	Bacterial Pr	nuemonia								24a. Wa	is an autopsy formed?	8	vailable	opsy findings prior to n of causa
3ec	S 5 C	du												0	death?	
9	E SE											10	Yas 2XX	1	☐ Yas	2□ No
Z Z	ysician: The	Be	25. Was casa refarred to medica axaminer?		73.7				Oth	or		h (Check onl)				
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o	ding th. After	Certification:	1 Naturai 5 Pandii 2 Accident invest	ng (Mo	nth, Day	Year)	Injury	м	injun Wor	k?¨ Yas 2□		200. 2000110	o non injury ou			
Division	Attending in death.	Ifica	3 ☐ Suicide 6 ☐ Couid	not be 28e. Piac	a of injur	ry - At home, f	lerm, stre	et, factory, o	ffice				(Street and Nu	mber or Ru	ral Routa	Number,
ă	al or Bafte Direction	Sert	4 Homicide	buile	ding, atc.	(Specify)						City or T	own, State)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifiar (Check only one) Certifyli	Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opin and mannar stated.							nd piace, ath occurr	and dua to th	a causa(s) and a, data and piac	mannar as a, and dua	stated. to tha ca	usa(s)
	o the	Me	29b. Signatura and titla of certific	1 ()						a number			29d. Data sig	ned (Month	, Day, Ye	ear)
N.	⊢ s ⊢ ō		11/4	· NOC	<u></u>			T	129	621			8730	101		
			30. Nama and addrass of person	who completed car	isa of de-	ath (Item 22a)	(Type 5	Print)		73				Car		
			Ralph V. Bocci	a, MD 970)7 M∈	edical	Cent	er Dr	ive	#30	00, F	Rockvi]	le, Mai	ryland	208	350
	Sta Registi	-	31. Data filed (Month, Day, Year, SEP 0	5 1996	Hegistran	's Signatura	x-Ran	dall								

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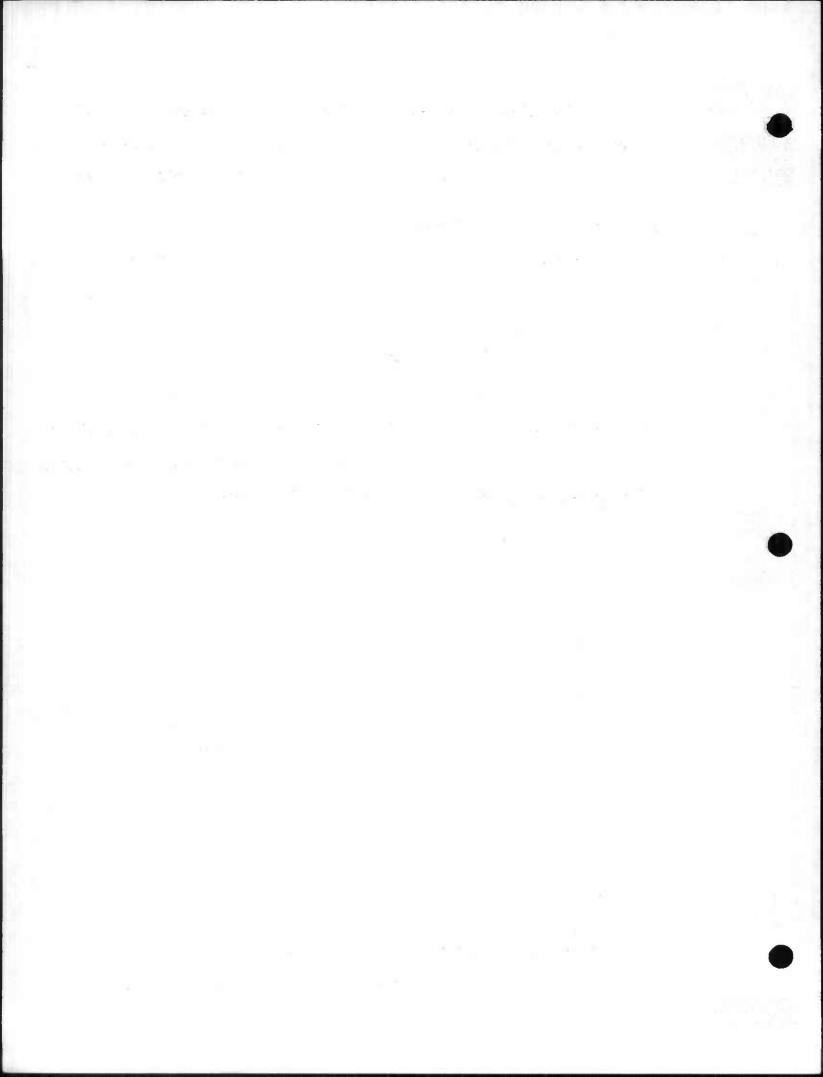
	1. DECEDENT'S NAME	AMA	.H Adu.	TOI	NES	7		2. DAT		MY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY			(In yrs. lest bir	MONTHS	DAYS	IF UNDER 24 HR	8. 7. DAT	E OF BIRTH	1	. BIRTHPL/ Country)	ACE (State or Fore
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œ	-/4 4		Nurs. & Rel	16-	+ 96. CIT	ry, town o	OR LOCATION O	DEATH			Y OF DEAT	
16	RESIDENCE OF	DECEDENT	· 10013. 1 101	rato cen	WEN IN C	JCK	CUILL	E		IMON	160	MER
DIRECTOR	10s. STATE	10b. COUNT	•	-10	Oc. CITY, TOWN	OR LOCAT	NOIT				10	d. INSIDE CITY LIMITS?
	THE VIOLEN	Mo	ntgomery		Rockville 110f. ZIP CODE							YES 2 N
FUNERAL	1/4		Lano					300		10g. CITIZE		T COUNTRY?
N N	11. MARITAL STATUS	The state of the s					20850 -	PANIC ORIG	IN? (Specify Ye	s or No— 1	USA 4. RACE —	American Indies
₽	, C Martin Maringo	1 Never Married 2 Merried 3 Wildowed 4 Divorced Never Married 2 Merried FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES.					NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, White					
윤	18. (Specifi	DECEDENT'S EDU	JCATION a completed)	(Give k	DENT'S USUAL	during mo	ON ost of working	10	b. KIND OF BU	SINESS/INDU		
LET	Elementary/Second	ery (0-12)	College (1-4 or 5+)	Iffe. Do	acher's)			Schoo	1		
ONCE.	17. FATHER'S NAME (FA	rat, Middle, Last)		166	acher s	ASS		NAME (CIT)	, Middle, Meiden			
м м	James		S						Baug			
2 0	19a. INFORMANT'S NAI			19b. M.	AILINO ADDRES	SS (Street e					iode)	
9 P	19a. INFORMANT'S NAME (Type/Print) Albert Toney, Jr. 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 14004 Cove Lane, Rockville, MD 20850-17										-1709	
must b	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) Dinwiddie, VA 21 SIGNATION OF FINERAL SERVICE LICENSES										State	
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the medical	23. PART I/Enter ti ahock, IMMEDIATE CAUSE disease or condition resulting in death)	or naart fallure.	complications that cause List only one cause on a hepatic	each line.	. Do not ante			St.,	Peters	burg,	VA 2	3803 Approximatinterval Be
or other traumatic event, the medical	IMMEDIATE CAUSE disease or condition	or naert failure.	List only one cause on a	Failu A CONSEQUEI A CONSEQUEI	NCE OF):	r tha mo	de of dying, i	St.,	Peters	burg,	VA 2	3803 Approximat
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ite of Maryland / Department of Health and Mental	Hygiene	96	27692
Certificate of Death	Reg. No.	20	41072

						Ce	rtificate	e of	Death		Reg. No.		San I	0 1 2	
	-		1. Decedent's Name (First, Middle, L	ast)						2. Date of D	eath		3. Tim	ne of Death	
	Physic /Modi		Jaco	queline	There	ese	Tabarly			Septem	ber 2	1996	10:4	45 PM	
5	/Medi Exami		4a. Facility Name (If not institution, gi	-				-	4b. City, Town, or			ty of Death	-	15 111	
	=3.04,111		Frederick Memor	ial Hospi	tal				Freder	ick	Fred	lericl	k		
	Funeral		5. Social Security Number 6.	Sex 7.7		ast birthdey	If Under		If Under 24 Hr	s. 8. Dete of B				ate or Foreign	
	Director		093-42-9469 Usual Residence of Decedent	1□м 2Ы F	62	Yrs.	Months	Days	Hours Mir	Dec 28	1933	th y, Year) 9. Birthplace (State or Foreig Country) 1933 France			
	/and		10a. State 10b. County		10c. City	, Town or L	ocation						10d. Insid	le City Limits	
	Mary Feb	ō	Maryland Frederi	ole	From	derick							1 🖾 🖰	Yes 2□No	
	\$ 50 E	Director	10e. Street end Number	CK	rrec	Jelick	10f. Zip	Code			10g. Citizen o	What Co	untry?		
	W E	ō	617 Haman Assault												
	99th	Funeral	617 Himes Avenu	12. Was Deceder	t Ever in II	S 13	21703 13. Wes Decedent of Hispanic Origin? (Si if Yes, specify Cuben, Mexican, Puerte			Specify Vec or N	France s or No- 14. Rece - American Indian,				
	Te de la constant de	5	1 Never Married 2 Married	Armed Force	?		if Yes, spec	ify Cub	en, Mexican, Pue	rto Rican, etc.)	Bi	eck, White		,	
)20	ins e	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates		ı	1□ Yes 2	No 🎑	Specify:		Spec	ity: W	HITE		
21215-0020	ges 1 and 2 should be filled within 72 hours efter deeth with the Maryland to fileelth and Mental Hygiene. If item 27 is marked other than "natural", or itema 23a or 28a-f show or other traumatic event, the Medical Exercises must be notified as	8	15. Decedent's E	ducation		16a. Dece	dent's Usue	Occur	petion		16b. Kind of	Ind of Business/Industry			
215	nin 7	Completed	(Specify only highest gi	rade completed)	(5.)	(Give	b kind of wor DO NOT us	k done e retire	during most of wo	orking					
217	s within jene. r than "	6	12	College (1-4o	(5+)	Hous	ewife				Se1	f			
	Hygier other	BeC	17. Father's Name (First, Middle, Las	t)					18. Mother's Na	3. Mother's Name (First, Middle, Malden Surname)					
Maryland	id be ental ked o	To B	Joseph	R	ringue	9			Edmee	Clarisie					
ary	2 should be filed within and Mental Hygiene. Is marked other than raumatic event, the M	-	19a. Informant's Name/Relationship		LIngue		Ing Address	(Street	end Number or F	Rural Route Num			io Code)		
Ž	end 2 selth a n 27 is		Anne T. Currin/											1702	
ē,	Heelth Hem 27 other tr		20a. Method of Disposition	Daughter	20b. P	lace of Disp	osition (Nan	ne of	ree Driv	Dete Dete	20c. Location				
Baltimore,	Peges net of nt: If its iry or o		1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State cemetery, cremetory or other plece)												
量	it. P		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		Ная				cory ess of Facility	9/04/96	Hagerst	.own,	Mary	land	
Ba	permit. Peges 1 end Department of Heelth Important: If fem 27 any injury or other tr once.		21. Signature of Purietal Service Lice	1/	11				Funeral	Homes. F	. A .				
_			land P.C	ederick	, Mai										
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	nplications that caus one cause on each	ed the death line.	not en	ter the mod	e of dyi	ng, such as cardle	c or respiretory	arrest,	1	Approxi	imate Between	
	Physician				. 0				~			į	Onset e	end Death	
10	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) a. (HRONIC OBSTRUCTIVE PLYNOWARY DISEASE WITH EXACERSATION)											KS	
			Due to (or as a consequence of):												
	D #	in a	_	b								1			
	and -tran	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying												
60,	cian		cause. Enter Underlying Cause (Dieease or Injury												
68760,	death certificate be executed eathending physician and of for use es the burlel-transit	Medical	that initieted events resulting in death) Last	Due to (or	as e conse	quence of):									
×	ing F	Me	L L	đ											
Bo	attending	Physician/		u								1			
		sic	Pert II. Other significant conditions	contributing to death	g to death but not resulting in the underlying cause given in Part I.				23b. Dic	23b. Did tobacco use contribute to the ca			se of death?		
P.0	ta you	Ph.	CORONARY AR	DEAY DI	LIZAL	_				10	Yes 2 No	30 Pr	obably	4 Unknow	
	8 5 8	by	00.0 1/10/ /1/0	חקבו טו	01 , 12	-				-					
Records,	been s	Completed								24a. Wa	s an autopsy formed?	6	vallable pr		
BCC	aw 2 s c	pie										C	completion of death?	of cause	
œ	The i	, mo								10	Yes 200 No	1	Yes	2 No	
Vital		Be	25. Was case referred to medical						26. Place of De	eath (Check only	one)				
>	Physician: this cartific ral director,	0	examiner? 1 ☐ Yes 2 1 No	Hospital:	tient 2 1	ER/Outpatie	nt 3 DO	A Otl	hor:	Home 5□Res		ther (Spec	eifv)		
of	g Physical dispersion	n: T	27. Menner of Death	28a. Date of In (Month, L		28b. Time o	of 2	8c. Inju Wo		T	how Injury occ				
jo	ath. Ath. e fun	atio	1 Netural 5 Pending 2 Accident Investigation		ay rear)	Injury	М		Yes 2 No						
Division	or Attending after death. Director: After In by the fune	Certification:	3 Sulcide 8 Could not 1	288. Place of I	njury - At ho	me, farm, st	reet, fectory	, office			(Street and Nur	n <i>ber</i> or Ru	ral Route I	Number,	
ā	o after of in din	en	4 El Homicide	building,	etc. (Specify	")				City or 10	own, State)				
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: Affer th completely filled in by the funeral		29a. Certifier 1K Certifying P	hysician: To the bes	t of my know	vledge, deet	h occurred a	at the ti	me, date and plac	e, and due to the	cause(s) and r	nanner as	stated.		
	Ho Fu Fu	edical	(Check only 2 Medical Exa	miner: On the basis and manner:	of examinat	ion and/or ir	vestigation,	In my	opinion, death occ	urred at the time	, date and plece	, and due	to the cau	se(s)	
	Vithir To th	Me	29b. Signature end title of celtifier				290	. Licens	se number		29d. Date sign	ned (Month	Day, Yes	ar)	
			Da I I I I I I I I I	had at	MO		1	4	1611		9/2/9	16			
			30. Name and address of person who	completed cause of	dooth /!	220\ (T:	Priet'	- 1	1 0.1						
			Mr. Jalan	LAN VE	3	NEY A	15 4	+20	DY FARA	RAILIC	MN 71	FOF	,		
	- 64	ato.	31. Date filed (Month, Day, Year)			-	0 -0		- , 1,000			, , c	-		
	Stá Registi			200	· Silve	Geor Ra	dall								

State Registrar



				State of Ma	aryland	I / Depa	artment of tificate o	Health ar	nd Mental Hy		6 2	769	13	
			1. Decedent's Neme (First, Middle, Last)	rances		001	incate o	Death	2. Date of De	Reg. No. eth	3.	Time of I	Death	
	Physici /Medi		Virginia						August	30, 19	Year 96 1	:51	P.M.	
	Examir		4e. Facility Neme (If not Institution, give s	freet and number)					n, or Location of Deeth					
			Frederick Mem		-				derick		ederic			
	Funeral Director			M 2√2 F 7. Age	_	st birthday). Yrs.	If Under 1 Yes Months Day		Min. 6. Date of Bin (Month, Da Sept.	у. _{Year)} 80,1918	9. Birthplace Country) B Md •	(State or	Foreign	
	e Maryland Sa-f show	Director	Usuel Residence of Decedent 10e. Stete 10b. County Md. Frederi	.ck Middletown							10d. 1	tnside City		
	h with th	al Dire	10e. Street and Number 3214 Bidle Rd	•			10f. Zip Code 217			U.S.A				
020	should be filed within 72 hours after death with the Maryland of Mental Hygiene. marked other than "natural", or items 23a or 28a-f show imatic event, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Never Married 2X Married 3 Widowed 4 Divorced	2. Wes Decedent E Armed Forces? 1 Yes 2 XN If Yes, Give Year or Detes:			Ves Decedent of Yes, specify Cu I ☐ Yes 2 🕱 N		n? (Specify Yes or No Puerto Rican, etc.)	14. Rac Bled Specify	e - American lock, White, etc. White			
Maryland 21215-0020	within 72 ho iene. than "natui the Medical	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondary (0-12) 1 1	ation completed) College (1-4or 5-	+)	(Give	lent's Usuel Occ kind of work don OO NOT use reti	e during most o	of working	16b. Kind of Business/Industry				
and	id be filed ental Hyg ked other ic event,	To Be C	17. Fether's Neme (First, Middle, Last) George A. Bid	le			<u>Iomema r</u>	16. Mother's	s Name (First, Middle,					
ary	2 should and Men is marke	_	19e. Informent's Neme/Reletionship (Typ	oe, Print)		19b. Meilin	g Address (Stre		or Rural Route Number	-	State, Zip Coo	fe)		
Z.	1 and 2 Health a		Forrest E. Trib	ett		3214	Bidle	Rd.,	Middleto	wn, Mc	1. 217	69	-	
Baltimore,	40-		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	emoval from Stete	cer	netery, cren	sition (Name of natory or other p an Ceme		9/3	20c. Location -				
Balti	permit. Pag Department Important: It any Injury o		21. Signature of Eurograf Service Ricorsee 22. Name and Address of Fecility Donald B. Thompson Funeral Ho 31 E. Main St., Middletown, M										69	
	Physician /Medical Examiner	ner	23a. Pert T. Enter the disease, or compile shock, or heert feilure. List only one Immediate Cause (Finel disease or condition resulting in deeth)	Cener	· · · \)c4.~			rest,	tnte	proximete ervai Betw set and D	reen	
oʻ	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underfying Cause (Disease or injury C.		Due to (or e	es a conseq	uence of):				1			
× 68760,	2 O a	Medical	Cause (Disease or injury that initiated events resulting in death) Last	uence of):										
Box	atten for us	clan												
, P.O.	es thet the death cer igned by the attendin be deteched for use	by Physician/M	Part II. Other significant conditions cont		JCZ)		nderlying ceuse (jiven in Part I.		Yes 2 No				
Records,	e law require: hes been sig ge 2 should b	Completed t								en autopsy med?		le prior to)	
	The ate h	Соп							101	res 20 No	1 □ Ye	s 20 N	No	
Viita	Physician: The ribis certificate oral director, page	Be o	25. Was case referred to medicel examiner?	ospitel:				Wher	f Death (Check only o					
ō	this aldi): To	1 Yes 2 No	28a. Dete of Injun	/ 2	R/Outpetient 8b. Time of	28c. tn	4 LI Nurs	ing Home 5 Resident	dence 6 Oth			. 0	
lo lo	Attending or death. actor: After by the fune	atio	1 ☐ Neturel 5 ☐ Pending investigation	(Month, Dey	Year)	Injury		ork? □Yes 2□No						
Division of	s efter de il Directo ed in by ti	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	26e. Place of Inju- building, etc.	ry - At hom (Specify)	e, ferm, stre	eet, fectory, offic	8	26f. Location (5 City or Tox	Street and Numb vn, Stete)	per or Rural Ro	ute Numb	er,	
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier (Check only one) 1 Certifying Physic Medical Examine	clan: To the best of er: On the basis of and manner stet	examinetio	edge, deeth n and/or inv	occurred et the estigation, in my	time, dete and proposition, death	plece, end due to the occurred et the time,	ceuse(s) end ma dete end place,	anner as stated and due to the	nner as stated. Indidue to the cause(s)		
	To the To the Comp	M	29b. Signeture and title of certifier	29c. License number						29d. Date signed (Month, Day, Year)				
			Man		re		N	3075	\	8 130	156			
			30. Neme and eddress of person who con	npleted cause of de	eth (ttem 2	3a) (Type, I	Print)	C .						

State Registrar

State of Maryland / Department of Health and Mental Hygiene

27694

						Ce	ertificate	of e	Death		Re	g. No.			
			1. Decedent's Nama (First, Middle, L.	est)						2.	Dete of Deat	h	11.5	3. Ti	ma of Death
	Physic		CONSTANCE BANCI	ROFT THO	OMAS						Month August	28. 19	Year	10.	15 AM
	/Medi		4a. Facility Name (If not institution, gi						4b. City, Town, or Location of Death 4c. County of Death					10.	IJ MI
7	Exami	ier													
-			9006 Mountainber 5. Sociel Security Number 6.	Sax		en foret biethele.	/) If Under	1 Veer		ericl			eric		
	Funeral Director			1□ M 2ӁF		rs. last birthdey 79 Yrs.	Months	Days	Hours	Min.					
	pue *		10a. Stata 10b. County		10c.	City, Town or I	ocation							10d Inci	da City Limits
	n the Marylan r 28a-f show	5	Carrier II												Yas 20 No
	See-	Director	Maryland Freder:	Lck	1	rederi	T								100 000
	F 6 8						10f. Zip			Tog. Chize				tizen of What Country?	
	ath w	rai	9006 Mountainber					702					S.A.		
21215-0020	72 hours after death with the Maryland natural', or fterns 23a or 28a-f show dical Examiner must be profited at	by Funeral	11. Maritel Stetus 1 □ Never Marriad 2 □ Merried 3 ☑ Widowed 4 □ Divorced	Armed F 1 Ves If Yas, G Yaar or I	cedant Ever In orces? 2 X No ive Datas:	yer In U,S. 13. Was Decedent of Hispanic Origin? (Specify Yas or No- It Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 □ Yes 2 ☒ No Specify: Specify						Race - Amarican Indian, Black, White, etc. Polity: White			
0	2 ho	Completed	15. Decedant's E	ducation		16a. Decedant's Usual Occupation (Giva kind of work done during most of working						6b. Kind of B	usiness/in	dustry	
21	c • #	ple	(Specify only highest gr Elamantary/Secondary (0-12)		(1-4or 5+)	lifa.	DO NOT us	a ratire	tired)						
21	T3 F3 6	NO.	12	8	(140101)	Pub	lic He	alt	h Offi	cer		State	Gove	ernm	ent
	e filed Il Hygi other	Be C	17. Fathar's Name (First, Middla, Las	t)					18. Mothar	s Nama (F	irst, Middla, M	faiden Sumar	na)		
100	should be nd Mental marked o	TOE								tever	ns				
Maryland			19e. Informant's Name/Reletionship	(Type, Print)		19b. Mai	ling Addrass	(Street	end Number	or Rural F	louta Number,	City or Town	Stata, Zip	Code)	
	per see All h.		Jennifer T. Jagg	ger/Daug	ghter	9006	Mount	ain	berry	Court	, Fred	erick,	MD 2	2170	2
ē,	Pages 1 and nent of Healt of Ham 2.		20a. Mathod of Disposition		20b	. Place of Disp	osition (Nam	a of			Dete 2	Oc. Location	- City or To	own, Sta	ite
9	80= 5		1 ☐ Burial 2 【Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci			nithsbu	amatory or ot	-	•		/29	Smiths	hura	Mo	rulond
aitimore,	고투환류				Į DII										
Ba	Depariment in post in		21. Signature of Europeal Service Licenses ROBERT E. DAILEY & SON FUNERAL HOMES, P.A.												
_			Sakoto	Lai	Keyg						, FRED		MD 2		
			23a. Part1. Eafer the disease, or con shock, or heart fallure. List only	plications mul-	each light	eath. Do not a	ntar tha moda	of dyi	ng, such as c	ardiac or re	aspiratory erra	st,		Approx	ximate al Between
	Physician				V V								1	Onset	and Death
71	/Medical Examiner		Immediata Cause (Finel diseese or condition	. 1	-040	61-	15-	- 47 /	-	Mr	6336	350		20	ve-5)
н	LAGIIIIICI		rasulting In death)			(or as a conse									
-	P 4	ine	_		3-00-	c 400	1 1 1		6	7-01	7 00	D		20	-m 0
	ate be axecuted hysician and the bunal-transit	Examiner	Sequentially list conditions,	D. ———		(or as a conse	9								
O,	lan s	Ü	Sequentially list conditions, if any, laeding to immadiata causa. Entar Underlying Cause (Disease or Injury												
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9	ding ph	Ne de	resulting in deetil) Last										İ		
XO		an/M		d											
B	death e attan	Sick	Part II. Other eignificant conditions	contributing to d	leath but not re	asuiting in the	underiving ca	usa oh	an in Part I.	1	23b. Did tot	pacco uee co	ntribute t	o the ca	use of death
P.0	res that the designed by the a	Physiciar	-			_	, ,					8 2 No			4 Unknow
	med e de	by F	Alzzehre.	w 5		dese	-+ -						00	,	
Records,	requires been sign should be	D D									24a. Wes en	eutopsy	24b. W	ara outo	psy tindings
00	_ 0 @	Completed									perform	ned?	CO	ailable p impletion death?	n of causa
Re	0 - 2	Ĕ										\$0			
a											1 ☐ Ya		11	_ Yes	2□ No
of Vital	Physician: this cartific	Be	25. Was casa ratarred to madical axaminar?	Hospitai:	- 73 (Ott	or:		Check only ons	VISC	2		
o		. To	1 Yes 2 No 27. Manner of Death	28a. Deta		ER/Outpatie		1	4 LI NUIS	ing Homa			er (Specif	(y)	
	After funer	lon	1 SNatural 5 ☐ Panding	(Mon	th, Day Year)	28b. Tima Injury		c. Injui			d. Describe ho	w injury occui	red		
Sic	Attending ir death. ector: Aftai by tha fune	cat	2 Accident investigation 3 Suicide 6 Could not be	10			М		Yas 2□N						
Division	frar direction by	Certification:	datemined datemined 28a. Place of Injury - At homa, tarm, street, factory, office building, atc. (Specify)								Location (Str. City or Town,	aat and Numi Stata)	ber or Run	al Routa	Number,
	rai Deli														
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complately filled in by the funeral	edicai	29a. Certiflar 1 Certifying Pt	miner: On tha b	esis of axami	nowledge, dee nation and/or I	th occurred a	the th	ne, date and plnion, death	place, and occurred	dua to the car at tha tima, da	use(s) and m	anner as s	tated.	use(s)
	the the philips	Med	Oney	and man	nar stated.										
	To Yell		29b. Signetura and titla of certifier		,		29c.	Licans	a number		29	d. Data signe			199L
			R	Contraction	-			17	146	29		8/29/	96	2	,
			30. Nama end addrass ot person who										- Consultation of the cons		
			P. Gregory Rauso	ch, MD	501 We	est Sev	enth S	tre	et. Er	ederi	ick MD	21701			

32 Registrar's Signatura

Shucken Randall

DHMH 16 Rev 6/95

State Registrar 31. Data tiled (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

27695

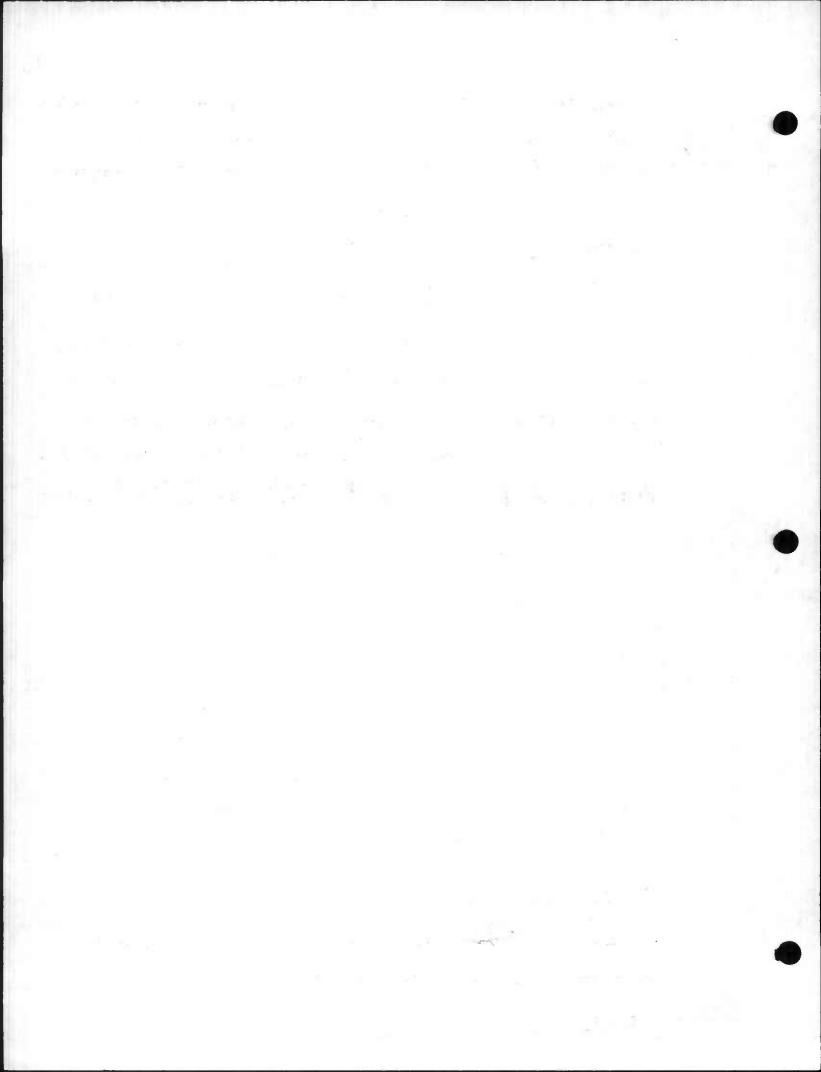
							Cei	titicate	e of	Death			Reg. h	No.		
	Physic /Medi		Decedent's Nama (First, Mide Margaret	dle, Last)	Elle	n Sim	ms	Thoma	as			2. Deta of D Month September	1	Dey 19	Year 96	3. Time of Deeth 8:45 AM
	Exami		4a. Facility Neme (If not institution Physicians Memor							4b. City, To LaPla		ocation of Dea		lc. County harle:		
	Funeral Director		5. Social Security Number 213-16-2735 Usual Residence of Decedent	6. Sex 1 ☐ M 2 🖾 F	7. Age	(In yrs. last	birthdey) Yrs.	If Under Months	1 Yaar Days		24 Hrs. Min.	8. Date of B (Month, D MARCH	irth Pay, Yes	r) 1908	9. Birthp Coun WASH	leca (Stata or Foreign try) INGTON, D. C
	with the Maryland a or 28e-f show be notified at	Director	10a. Stete 10b. Count MARYLAND CHAR:			10c. City, To	LATA		Code				100.0	Citizen of N	Vhat Coun	0d. Insida City Limits 1 ☐ Yas 2 🖾 No
	23a or		#7779 BUMPY OAI	K ROAD				111	064	6					STATE	
5-0020	or Nems	by Funeral	11. Meritel Status 1 Nevar Married 20XMa 3 Widowed 4 Divorce	12. Wes Dec Armed F rried 1 Tyes	orcas? 2∭ Neilve		1	Vas Daced	ant of ify Cub	Hispanic Orban, Mexicar	gin? (Sp n, Puerto	ecity Yas or N Rican, etc.)		14. Race - American Indian, Bieck, White, etc. Specify: BLACK		
215-0	c 1 6	Completed	15. Decede (Specify only high Elementery/Secondery (0-12)	nt's Education ast grade completed Coilege			Sa. Deced (Giva life. L	lent's Usue kind of wor DO NOT us	i Occu k done e retire	pation during mos	t of work	ing	18b.	Kind of B	usiness/Inc	
2121	filed withir Hygiene. ther than	E	12TH GRADE	College	(1-401 31	,	SEN	IOR C	OMP	ANION				NURS:	ING	
	a filed other	Bec	17. Fethar's Nema (First, Middle	, Last)						18. Moths	ar's Nem	e (First, Middl	e, Meide	en Suman	na)	
Maryland	2 should be and Mental a marked o	ToE	JAMES ALBERT S	IMMS						MAR	GARE	T BROOM	KS S	IMMS		
any	should ind Men marke umatic		19a, Intorment's Neme/Reletion	ship (Type, Print)		1	9b. Meilin	g Address	(Stree	et end Numbe	er or Run	al Routa Num	ber, City	or Town,	Stete, Zip	Code)
	PELL		ALLISON W. THO	MAS / HUSE	BAND	#	7779	BUMP	Y C	AK RO	AD,	LA PLA	ra.	MARY	LAND	20646
Baltimore,	00- 2		20e. Method of Disposition		Stete	20b. Piece ceme	of Dispos tery, cren	sition (Nem natory or ot	e of har ple	ece)	1	Dete	20c.	Location -	City or To	
Balti	permit. Pag Department Important: it any Injury o		METROPOLITAN CHURCH CEM. 9/5/96 POMONKE 21. Some end Address of Fecility THORNTON FUNERAL HOME, P.A. LIVIA C. THORNTON JOHNSON MOOS83 #3439 LIVINGSTON ROAD, INDIAN HEA													
	Physician		23a. Pert1. Enter the diseese, or shock, or heart tellure. Lis											*******		Approximeta intervai Between Onset end Deeth
	/Medical Examiner	er	tmmediete Cause (Finel disaese or condition resulting in deeth)	. /	m	Oue to (or as	a gonseq	wence of):	-	- eun	~	it				4 day
68760,	certificate be executed ding physician and se as the burial-transit	dical Examiner	Sequentieity list conditions, if any, leeding to immediate cause. Entar Underlying Ceuse (Diseese or injury that intilated evants resulting in death) Last	[R	1 s	Oue to (or as	a consequation	uende of):	te	ile	n	A				Tay
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P.0.	res that the de signed by the a be detached t	Physician	Pert li. Other algnificant conditi	nderlying ca	use gi	iven in Part i	٠		Did tobacco use contribute to 1 Yes 2 No 3 Pro			the cause of death?				
Records,	aw requi	Completed by	millitu	s, 14c	p	etin	a i	~,	Po	gal	'n	24e. Wa	s an aut	topsy	ave	are autopsy findings allable prior to impletion of cause deeth?
	0 - 0	νος	Deserve of	The 1.	m	e 5	1	chance	ca	di	2	1 🗆	Yes	2 No	10	Yes 2□ No
of Vital	ysician: The second sec	Be (25. Wes case reterred to medical examiner?	ai						28. Place	ot Deet	h (Check only	one)			
Ž	0 0	2	1 ☐ Yas 2 ☑ No	Hospitel:	Inpatien	t 2 ER/	Dutpetien	3 DO	A OI	her: 4□ Nu	irsing Ho	ma 5 □ Res	sidenca	8 DOth	ar (Specif)	1)
Division o	ath. r: After	Certification:	Z C MODIGOIN	igetion	of Injury oth, Day	Year) 28t	. Tima of injury	M 28	Bc. tnju Wo	ıryat ork?]Yes 2 □		28d. Describe	how in	jury occur	red	
Div	Ital or Attaning a stranger deat cal Director: led in by the	Certifi	3 Sulcide 6 Could 4 Homicide	mined 288. Piec build	ling, etc.	ry - At homa, (Specify)						City or To	own, Ste	ita)		l Route Number,
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th	Medical	one) 2 Medical		e best of pasis of e nnar state	examinetion (ge, death end/or inv	estigetion,	in my	opinion, dee	d place, th occurr	end due to the red et the time	, dete e	nd pieca,	and due to	the cause(s)
	1 × 10 00 000	-	29b Signature and title or certain							se number			29d. D	ate signe	d (Month, I	Dey, Year)
			Daise	onle	les	Kho	esp	I)-08	370				911	119	6
			30. Name and address of person Pritchett, Paul, M						x 13	17, LaF	lata,	MD 2064	46			
	Sta Regist		31. Dete tiled (Month, Pay Year	3 1996 ^{32.}	Registra	s Signature	lear-R	ardall								

State of Maryland / Department of Health and Mental Hygiene

27696

	- 125	- 0	Decedant's Nama (First, Middla,	l act)		Cel	nificate	OT I	Death	1	2. Deta o		g. No.		3. Time of Death
J	Physic /Medi		Fred Francis TAKUSKI								Augu	st	27, 19		4:15 PM
1	Exami	ner	4e. Facility Nama (If not Institution, 404 Military		umber)			4b. City, Town, or Location of Frederick				of Deeth 4c. County of De Frederi			k
	Funeral Director	_	5. Social Sacurity Number 199-20-3488	Sax 1XXM 2□ F	7. Aga (in yrs. l	8 Yrs.	If Under 1 S Months D	Year	Hours	Min.	8. Data of (Month Oct]	Birth Day,	1927	9. Birthi Cour Penn	oleca (Stata or Foraign ntry) Sylvania
	the Maryland r 28a-f ahow notified at	tor	10a. State 10b. County Maryland Freder	rick		r. Town or Lo rederi						Ţ		,	10d. Insida City Limita
	death with the Maryland me 23a or 28a-f ahow c.must be notified at	Funeral Director	10e. Street end Numbar 404 Military	Road			10f. Zip Co 217					10	10g. Citizan of What Country?		
0000	or Ita	by	11. Maritel Status 1 Navar Married Marrie 3 Widowed 4 Divorced	Armed F	2□No 194	/-	Was Dacedan f Yas, specify		ispanic Or in, Maxice Specify		ecify Yas or Rican, atc.	No-		ick, Whita,	can Indian, atc. ite
21215-0	Aaryland 2121 2 should be filed within and Mental Hygiene. Is marked other than " reumatic avent, ma Ma.	Completed	15. Dacedant's (Spacify only highest Elamantary/Secondery (0-12) 12	grada complatad) (1-4or 5+)	(Giva lifa. L	dant's Usual C kind of work o DO NOT use i Ster	dona d	during mos	st of work	ing		6b. Kind of E		Company
yland		To Be C	17. Fathar's Name (First, Middle, La Andrew	est)	T	'AKUSK	Γ	18. Mothar's Nama (First, Middla, Maidan Surname) Antonia STRAMA					IA.		
			Alline R. Takuski/Wife 404 Milita:								or Rural Routa Number, City or Town, State, Zip Code) Frederick, Maryland 21702				
Baltimore,	Page ent o nt: If I		1 Surial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe	cify)	Ctoto C6	ington	Nat'l	Ce	emty			96		lyer,	Virginia
Bal	permit. Pa Departmen Important: any injury once.		21. Signature of Funaral Service Li	Frat	MOO255		Nama and A Geeney O6 East								and 21701
	Physician /Medical Examiner	Examiner	23a. Part1. Entar tha disaasa, or co shock, or haart failura. List or Immediata Causa (Finel disease or condition rasulting in death)		Herosel Dua to (or	enti as e conseq	Caud quance of):								fnièrval Batwean Onsat and Deeth
ox 68760,	h certificate be executed anding physicien and use es the bunel-trensit	n/Medical	Sequantially list conditions, if any, laeding to immediate ceusa. Entar Undarlying Ceuse (Disaese or Injury thet initiated avents rasulting in daath) Last	c		es e consequas as a consequ									
P.O. B	ires that the death signed by the atter d be deteched for the	Physicia	Part II. Other significant conditions					_	an In Part	l.			acco usa co		the cause of death?
Records, F	requ been shoul	Completed by F	a pomorto								24a. V		eutopsy	24b. W	are autopsy findings eilebla prior to impletion of ceusa daeth?
ital Re	an: The lav tificate hes tor, page 2		25. Was cesa refarrad to medicel						26 Place	a of Death		Yes		10	Yas 2 No
Division of Vital	hysician: Ti his certificat il director, pe	axaminar?									ath (Check only one) forma 5 PRasidance 6 Othar (Specify) 28d. Dascribe how Injury occurred 28f. Location (Straet and Number or Rural Routa Number of Town, State)				
	Hospital 24 hours Funeral istely filled	edical C	29a. Certifiar (Check only one)	aminer: On tha b	e best of my know besis of axamination	rladga, deeth on and/or Inv	occurred et ti astigation, in	ha tim my op	tlma, data and place, and dua to tha causa(s) and manner es stet y opinion, daath occurred at tha tima, data and place, and dua to th					teted. o tha ceusa(s)	
	To the To the compl	Me	29b. Signature and little of certifier	. m	~	, 0			number				d. Dete signe		
			30. Nema and address of person who Dr. Arthur G	o completed cau . Manalo	sa of death (Item) MD 187	23a) (Type, I Thoma	Print) as John	nso	n Dr	ive,	Frede	eric	ck, Md	. 217	02
	Sta Registr	_	31. Data filad (Month, Day, Yaer)	96 32. J	egistrer's Signatu	ura Rarda	41								

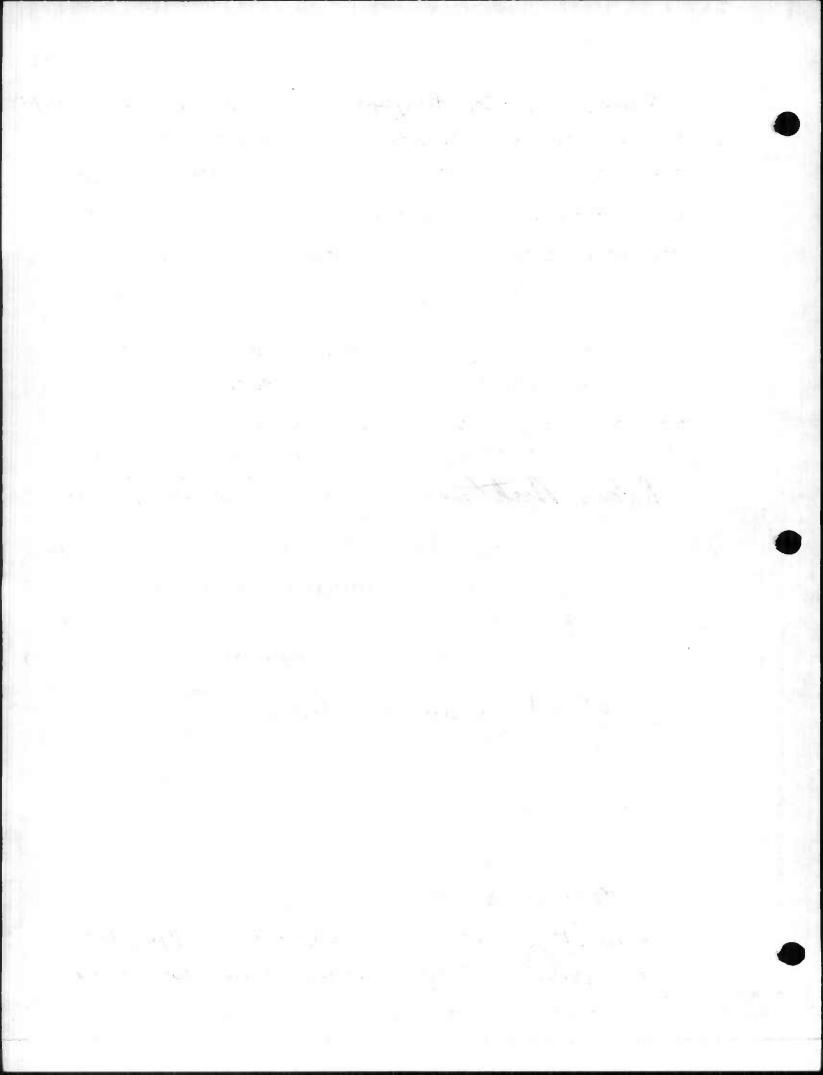
AUG 2 9 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middla, Last)-2. Date of Deeth 3. Time of Death **Physician** Month TAVIV amas nayyou. 1:15 AY 91 /Medical Name (If not institution, giva street and numbar) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL 5. Social Sacurity Number If Under 1 Yaar If Undar 24 Hrs. 8. Deta of Birth (Month, Day, Yeer) 7/24/1926 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days 10 M 2□ F Yrs Director 212-20-8427 70 MARYLAND Usual Residence of Decedent death with the Maryland 10a. State 10h County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at X☐ Yes 2☐ No Director MD. CARROLL MANCHESTER 10f. Zip Code 10e. Street and Number 10g. Citizen of What Country? ò or itema 238 3316 WILHELM LANE 21102 USA. 12. Was Decedant Evar in U,S. Armed Forces? 1 X Yas 2 ☐ No If Yes, Give Was Dacedant of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after inent of Health end Mentel Hygiene.
int: If Item 27 Is merked other than "natural", or ite 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yas 2 No Spacify: py Specify: WHITE 3 ☐ Widowed 4 ☑ Divorced Year or Dates: Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) FLOOR COVERING INSTALLER CONSTRUCTION 8 Baltimore, Maryland 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middla, Maidan Sumeme) Be EDWARD ROSS TRAYNOR, SR. ADA E. 2 traumetic 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 Department of Health e Important: If Item 27 Is any Injury or other tra EDWARD R. TRAYNOR 27 GREENVALE RD., WESTMINSTER, MD. 21157 SON 20b. Placa of Disposition (Name of comatery, cremetory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) LAKE VIEW MEM. PARK 9/3/96 ELDERSBURG, MD. 21. Signatura of Funeral Service Licenses 22. Name and Address of Facility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 234. Part I. Enter the disease, or complications that caused the death. Do not anter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Examiner The lew requires that the death certificete be executed Sequentially list condifions, if any, leeding to immediata cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Lest Box 68760. ettending physician Physician/Medical Due to (or as a conseque (ce of): Part ii. Other eignificant conditions contributing to death but not resulting in the Division of Vital Records, P.O. underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? the á Weller Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy tindings available prior to 24e. Was en autopsy completion of cause of death? hes certificate 1 Yes 1 Yes 2 No or Attending Physician: director, 25. Was case refarred to medical axaminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) Hospital: 2 1 ☐ Yes 2 No Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Dascribe how injury occurred : After ! Natural To the Hospital or Attending within 24 hours after death. To the Funeral Director; Afte completely filled in by the fun 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 TAccident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 certifying Physician: To the best of my knowledge, deeth occurred of the time, dete and piece, and due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piaca, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number uan 30. Name and address of person who ed cause of deeth (Item 23a) (Type, Print) FRE 151 31. Date filed (Month, Day, Year) 32. Registrar's Signetura State Registrar the developmentall 03 1996

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 9 6

	10.0		1. Decedent's Neme (First, Middle, L	ast)		Pertificate		2. Dete of		3. Time of Death			
	Physic /Medi		EVA MAE	WRIGHT				AUGUS	ST 31, 19	96 0500 A			
	Exami		4a. Fecility Neme (If not institution, g				4b. City, To	wn, or Location of Do					
		Ш	SACRED HEART	HOSPITAL			CUMBE		ALLEG	ANY			
	Funeral		Social Security Number 6.	Sex 7. Age (In 1	yrs. last birtho	Months [Year If Under Deys Hours	24 Hrs. 8. Date of (Month,	Birth Dey, Year)	Birthplece (Stete or Foreign Country)			
	Director		218 24 8436 Usuel Residence of Decedent	68	Yn	3.				MARYLAND			
	Mend Mend		10a. Stete 10b. County	100	. City, Town o	r Location				10d. Inside City Limits			
	Man	ţ	MARYLAND ALLEGAN	1A	FC	KHART MI	NEC			1 ☐ Yes X☐ No			
	th the	Director	10e. Street end Number			10f. Zip C			10g. Citizen of	Whet Country?			
	th wi		10123 BOSTON STRE	EET, NW		2	1532		U.S.				
	terns terns	Funeral	11. Meritel Stetus	12. Wes Decedent Ever Armed Forces?	in U,S.	13. Wes Deceder If Yes, specify	t of Hispanic Or Cuben, Mexican	igin? (Specify Yes or n, Puerto Rican, etc.)	No- 14. Re-	ce - American Indien, ock, White, etc.			
20	is 1 and 2 should be filed within 72 hours efter death with the Maryland I health and Mentel Hygiene. If Health and Mentel Hygiene. If I is marked other than "naturel", or items 23s or 28s4 show other traumstic event, the Medical Examiner must be notified at		1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 No If Yes, Give	1	1 ☐ Yes 2 📆		Specil					
21215-0020	ture!	ed by	15. Decedent's I	Year or Detes:	160 D	ecedent's Usuel (Occupation		16h Kind of B	usiness/Industry			
215	n ne	Completed	(Specify only highest g	rade completed)	10	live kind of work of . DO NOT use	don <i>e durina</i> mos	t of working	TOD. KING OF E	usiness/industry			
21.	d within giene. w then	E O	Elementery/Secondery (0-12)	College (1-4or 5+)	SEA	MSTRESS			BLOU	SE FACTORY			
9	be filed tel Hygi d other event, t	Be	17. Fether's Neme (First, Middle, Las	t)			18. Mothe	er's Neme (First, Mid	die, Meiden Sumer	me)			
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Maryland	2 sh end ls m		19e. Informent's Neme/Reletionship					er or Rural Route Nu					
	1 and lealth im 27 ther tr		J. THOMAS WRIGHT 20e. Method of Disposition			23 BOSTC		NW, ECKHAI					
Ö	Peges nent of I nrt: If Ite iry or o		1XX Suriel 2 Cremetion 3	Removel from State	cemetery,	cremetory or othe	er piece)	1		- City or Town, Stete			
altimore,			4 □ Donetion 5 □ Other (Spec 21. Signeture of Fungral Service Lice		ROSTBU		RIAL PAR Address of Fecili	K 9/3/96	FROSTBU	RG, MD 21532			
T T	Departri Departri Importa any Inju		Mil	Snow		SOWERS	FUNERAL	HOME, P.					
	_		23e. Perf1. Enter the disease or con	nolications that caused the	deeth Do not	60 W. N	MAIN ST.	, FROSTBU	RG, MD 21	.532 Approximete			
	Physician		23e. Peri1. Enter the diseese, or con shock, or heert feilure. List only	one ceuse on each line.	GOOTH. DO NOT		A.	cardiec or respiretor	y 61100t,	Interval Between Onset end Deeth			
¥.	/Medical		Immediete Ceuse (Finel diseese or condition	1 mos	oTu!	· Mo	an V x	Rackung	2	13day			
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	icete be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Due	to for any a cor	sequence of:	(0)	10 100	A.				
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68760,	tificete be executed ig physician and es the burial-transit	edicai	resulting in deeth) Lest		•	sequence of):	- 6/2-	- 1	, /	A. In.			
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J.	t the by the	hys		oo missing to assir sat no	resulting in th	e underlying cau.	se given in Fent		□ Y00 2 No	3 Probably 4 Unknow			
Ś	w requires thei been signed I should be det	by F											
D C	equire sen si ould	bet						24e. W	es en eutopsy erformed?	24b. Were autopsy findinge available prior to			
Hecords,	2 S S	ple							10	completion of cause of deeth?			
	The safe h	Completed	***					1	Yes 200	1 🗆 Yes 🗡 No			
VIta	delen: The certificate rector, pag	Be	25. Wes case referred to medical exeminer?	Hospitel:				of Deeth (Check on	ly one)				
0	Physical direction	. To	1 Yes 210 No	28e. Dete of Injury	2 ER/Outpo		-	ursing Home 5 R					
0	ding h. Aftar fune	tion	1 Neturel 5 Pending Investigation	(Month, Dey Yes	r) Inju	ry M	Injury et Work? 1 ☐ Yes 2 ☐	- 10 077-11	be how injury occur	1190			
JIVISION	Attending Physicien: or death. ector: After this certific by the funeral director,	fica	3 Suicide 6 Could not	28e. Plece of Injury -	At home, farm			28f. Locatio	n (Street and Num	ber or Rural Route Number,			
5	s afte	Certification:	4 Homicide determined	building, etc. (Sp	ecify)			City or	Town, Stete)				
	houn houn uners		29e. Certifier 1 Certifying P	hyelclan: To the best of my	knowledge, d	eeth occurred et i	the time, date en	d pleca, end due to t	he ceuse(s) and m	anner as stated.			
	To the Hospital or Attanding Physicien: The is within 24 burs after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page	edical	one)	minar: On the besis of exer end menner steted.	ninetion end/o	r investigetion, in	my opinion, dee	nn occurred et the tin					
	D S S	Σ	29b. Signeture end title of certifier	the	1	29c. L	icense number	10	29d. Date signe	Month, Bay, Year)			
	7		41	1/1/1/	1		1154	67	8/	3/196			
	700		30. Name and address of person who	completed cause of deeth	(Item 23e) (Ty	pe, Plint)			1	6			

State Registrar

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	Amena 9	ed	H20a MSS. Allegany County	State of M	-	•	rtment of I dificate of	Health and M	Mental Hy	giene 9	6 2	7699
	1/4/1	0	Allegany County 1. Decedent's Neme (First, Middle, Last)		Cen	ilicate of	Death	2. Date of Do	Reg. No.		3. Time of Death
	Physic		Elizabeth A.	Bettie			Wil	liams	Month	Day	Year 1996	
	/Medi Examir		4e. Facility Name (If not Institution, give)			4b. City, Town, or L	-	-	y of Death	10:55 AM
			Frederick Memoria	l Hospita	al			Frederic	k	Fre	deric	<
	Funeral Director		5. Social Security Number 6. Se 117-14-4587	7. A	ge (In yrs. last birt 74	hday) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Bi (Month, D May 24	rth 9y, Year, 1922	9. Birthp Coun Mary.	lace (State or Foreign Land
	pu .		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town		-41					
	ith with the Marylar 23a or 28a-f show	ctor	Maryland Allegany		Cumber]						1	0d. Inside City Limits
	th with the	Funeral Director	10e. Streef and Number 847 Gephart Drive				10f. Zlp Code 21502			10g. Citizen of USA	What Coun	try?
	death me 2	Jera	11. Marital Status	12. Wes Decedent	Ever in U,S.	13. W		dispenic Origin? (Sp an, Mexican, Puerto	pecify Yes or No		ce - Americ	an Indian,
020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Heelth and Mentel Hyglene. Important: if Item 27 Is marked other then "natural", or items 23s or 28s-f show any Injury or other traumatic event, me Medical Examinational periodial and any Injury or other traumatic event, me Medical Examinational periodial and any Injury or other traumatic event, me Medical Examinational and Industrial and Industrial and Industrial and Industrial and Industrial Angles.	by Fur	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces' 1 Yes 2 if Yes, Give Year or Dates:		1	Yes, specify Cub □ Yes 2🕍 No		Rican, etc.)		ock, White, o by: Whit	
2-0	72 hor	ted	15. Decedent's Edu	cation	18a.	Decede	nf's Usual Occup	pation	-1	16b. Kind of E	Business/Inc	Justry
Maryland 21215-0020	ithin Pen T	Completed	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4or	5+)	life. Do	O NOT use retire	during most of world)	ang	l		
2	Hygler ther th		12 17. Fether's Name (First, Middle, Last)			C	lerk	18. Mofher's Nam	o (First Middle		uit Co	purt
lan	sed of	To Be	Robert Edward Conn	or				Agnes (M		, Maiden Sumai	me)	
ary	should and Men marks	Ĕ	19a. Informant's Name/Relationship (Ty	pe, Print)	19b.	Malling	Address (Street	and Number or Ru	ral Route Numb	er, City or Town	, Stete, Zip	Code)
	and 2 selfth e n 27 Is wer trau		William Frederick	Williams				rive, Cum				
Baltimore,	of He		20a. Method of Disposition 1	amoval from State	20b. Place of	Disposit	tion (Name of atory or other pla		Dafe	20c. Location		
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Bal	permit. Departm Importa any Inju		21. Signature of Funeral Service Licens	1	11	22.	Name and Addre	ess of Facility K	ight fu	neral Ho	ome	
	00200		- William	2/1/				catur St.			MD. 21	
	Dhusisian		23a. Part1. Enter the disease, or compi shock, or heart failure. List only or	ne ceuse on each	n the deeth. Do n	ot enter	the mode of dyli	ng, such es cardiac	or respiratory a	rrest,	1	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final	Moto	totie a	0		marque	Va a	hairma	A . 4	Monn
	Examiner		disease or condition resulting in death)	110110	Due to (or as a c	onseque	ence of):	may u	acquire to	of work	d'	1
	D #	Examiner		,							0	0
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68	g phy es the	edi	resulting in death) Last		Due to (or as a co	onseque	ence of):					
Box 6876	death certificata be ettending physicia d for use es the bur	and		,							<u> </u>	
0. E	the et the et thed fo	Physician/Medica	Part II. Other significant conditions con	tributing to death b	out not resulting in	the und	lerlying cause giv	ven in Part I.	23b. Did	tobacco use co	ontributs to	the cause of death?
, P.O.	es that the death igned by the ette be deteched for	by Ph	COPD						1 🗆	Yes 2 No	3@Prob	ebly 4 Unknown
Division of Vital Records,	requir been s should	Completed b								an autopsy ormed?	ava	re sutopsy findings illable prior to npletion of cause deeth?
Re	The lew sate has page 2	dmc								Yes 2 No		Yes 22 No
ta	dcian: The certificate	Be Co	25. Was case referred to medical					28. Place of Dea			1	165 2E NO
Į.	Physician: this certific ral director,	ToB	examiner?	lospital:	ent 2 ER/Out	petient	3□ DOA Ott	or.		idence 8 Otl	her (Specify)
0 [Attending Physician: sr death. ector: After this certifics by the funeral director, is	:uo	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of inju		ime of	28c. Inju	ry at rk?	28d. Describe	how Injury occu	rred	
Sio	Attendia or death. octor: A by the fu	cati	2 ☐ Accident Investigation 3 ☐ Sulcide 6 ☐ Could not be	40 00	The Manager P			Yes 2 No	most to contract	/A		D- 4- N- ha
Divi	after of Direct of in by	Certification:	4 Homicide determined	28e. Placa of In building, et	ury - Af home, far c. <i>(Specify)</i>	m, stree	et, factory, office		City or To	wn, State)	ber or Hura	l Route Number,
	To the Hospital or Attendi within 24 hours after death To the Funerel Director: A completely filled in by the fi	edical C	29a. Certifler (Check only one) 1 Certifying Phys	elcian: To the best her: On the basis o	f examination and	deeth o	occurred et the tin stigetion, in my c	me, dete end piece, opinion, death occur	and due to the red et the time,	cause(s) and m date and place,	anner as st end due fo	ated. the ceuse(s)
	To the within 2 To the comple	Me	29b. Signature and little of certifier	. 1			29c. Licens	se number	,	29d. Date sign	ed (Month, I	Day, Year)
	10		Ally 7°	11/84)		D	26516		SEPTE	MBel	2 1,1991
	This		30. Name and allidress of person who co	ropleted ceuse of o	death (Item 23a) (Type, Pr	rint) TAN	JEY A	YE	FRED	NY	21702
	Sta	te	31. Dete filed (Month, Day, Year)	32 Registr	ar's Signeture	ر ,		- / / /			1	
	Registr	ar	SEP 0 6 199	10 State of	Thursday Ro	dall						



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State of Maryland / Department of Health and Mental Hygiene

96 27700

4.0	Physici /Medio Examir	al	Decedent's Neme (First, Middle, La CLEO GERTRUDE 4e. Fecility Neme (If not institution, giv	WERTZ						_		2. Dete of Dee Month SEPTEMB	Dey	Yeer QQ6		me of Deeth		
1	/Medic	al													3:	20 AM		
1			4e. Fecility Neme (If not institution, giv	e street and numb		_								770				
				o stroot and mante	er)				4	lb. City, To	wn, or L	ocation of Deeth						
			FROSTBURG NURSING	HOME					F	ROSTB	URG		ALLE	GANY				
	Funeral		5. Sociel Security Number 6. S		Age (In yrs.	last birth		If Under		If Under		8. Dete of Birth (Month, Da)			place (S	tete or Foreign		
	Director		216-74-9041	□M XXF	88.	Υ	rs.	Months	Days	Hours	Min.	JUNE 21		Cou				
	ъ		Usuei Residence of Decedent									50112 21	1,00			***		
	ylan		10e. Stete 10b. County			ity, Town									0d. Insi	de City Limits		
	Mar Mar	to	MARYLAND ALLEGA	NY	CUI	MBER'	LANI	D							XIX	Yes 2□No		
	h the	Director	10e. Street and Number	_				10f. Zip	Code				10g. Citizen o	of Whet Cou	ntry?			
	3a o	0	1727 BEDFORD STRE	ET				215	502				II.S.A					
	within 72 hours efter death with the Maryland liene. John "natural", or itema 23a or 28a-f ahow the Medical Examiner must be notified at	Funeral	11. Meritel Stetus	12. Wes Decede	ent Ever in L	J,S.	13. W	1		ispanic Ori	gin? (Sp	ecify Yes or No- Rican, etc.)			can India	an,		
0	r he	Ē	1 Never Merried 2 Merried	Armed Force							, Puerto	Rican, etc.)						
02	urs a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dete	es:		1[☐ Yes 2	2⊠ No	Specify:			Spec	elly: WHI	ΓE			
0	2 ho	Completed	15. Decedent's Ed	ducation		16a. I	Decede	nt's Usue	ol Occupi	ation			16b. Kind of	Business/In	dustry			
21	hin 7	ple	(Specify only highest gra	College (1-4	05.54	- '	(Give ki life. DO	ind of wor O NOT us	rk done d se retired	during mos ()	t of work	ing						
2	d wid	E	8	College (1-4	01 5+)	Н	OUSE	E KEI	EPER				HOUSE	KEEP	ER			
aryland 21215-0020	tal Hygie d other t	Be C	17. Fether's Neme (First, Middle, Last)							18. Mothe	r's Nem	e (First, Middle,	Maiden Sum	eme)	1			
<u>a</u>	lenta ked ic e	To B	AUSTIN S. ZEMBOW	ER					}	ETHE	L M.	DICKEN		Dey Yeer 8 1996 3:20 4c. County of Death ALLEGANY ar) 9. Birthplace (State or Country) 908 PA. 10d. Inside City XIX Yes Citizen of Whet Country? S.A. 14. Rece - American Indian, Bleck, White, etc. Specify: WHITE Kind of Business/Industry OUSE KEEPER fen Sumeme) 21502 Location - City or Town, State MBERLAND MARYLAN D MARYLAND Approximate Interval Betw Onset and D L YLL Toppy 24b. Were autopsy fire eveileble prior to completion of care of death? 21502 Couse contribute to the cause of completion of care of death? 21502 Couse contribute to the cause of completion of care of death? 21502 Couse Contribute to the cause of completion of care of death? 2500 No 3 Probably 4 Land Number or Rural Route Number or Rural Rural				
3	2 should be filled and Mental Hygi is marked other aumatic event, to	-	19e. Informent's Neme/Reletionship (Type, Print)		19b.	Meiling	Address	(Street	and Numbe	er or Ru	ral Route Numbe	or, City or Tox	vn, State, Zip	Code)			
≥ :	D = L =		PEGGY HUGHES			6 11	OCIZI	נתת ק	F 3.772	T A 577	A IT	MADS/T AB	D 215	00				
٠, ف	Haalth Haalth tern 27 other tr		20e. Method of Disposition			Pleca of I	Disposit	ition (Nan	ne of		AL	MARYLAN Dete			own, Ste	ite		
more,	aga intof				9(0						10 1	006	CIMPED	T ANTO 1	A DSZ	T A NITO		
	permit. Pagas 1 an Dapartment of Haal Important: if item 2 any Injury or other		20e. Method of Disposition 1X Punial 2 Cremetion 3 Removel from Stete 4 Donelton 5 Other (Specify) 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) SUNSET CEMETERY SEPT. 10 21. 3 Thanks of Funeral Service Legislation (Name of cemetery, cremetory or other place) 22b. Pleca of Disposition (Name of cemetery, cremetory or other place) 22b. Pleca of Disposition (Name of cemetery, cremetory or other place) 22c. Name end Address of Fecility										CUMBERLAND MARYLAND					
Ba	Departition of the same of the		MERRITT-ADAMS FUNERAL HOME															
			Nale of. 11	ferrita										RYLAN	0			
			23a. Parti. Enter the disease, or com shock, or heert feilure. List only	plicetions that cau one cause on eac	sed the dee h ilne.	th. Do no	ot enter	the mod	e of dyin	g, such es	cardiec	or respiretory er	rest,	İ	Interva	al Between		
, F	Physician		Versus Loss (Loss)		<u></u>								Onset and Deeth					
ĺ.,	/Medical Examiner		tmmediete Cause (Final diseese or condition	θ. (arc	in	m	M	un	as				1	lyler			
			disease or condition resulting in deeth) Due to (or es e consequence of):															
-	sit ad	Examiner	h											į				
	ertificate be axecuted ding physician and se as the burisi-transit	хап	Sequentially list conditions, if any, leading to immediate		Due to (or es e co	onseque	ence of):						1				
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8	ohysi the i	edical	that initieted events resulting in deeth) Lest		Due to (d	or es e co	onseque	ence of):						1				
×	ding g	Me	L	d														
	0 65			V										i				
o i	0 0 6	Physician	Part II. Other significant conditions of	ontributing to deet	h but not res	sulting in	the und	terlying ca	ause giv	en in Pert I		23b. Did t	obacco use	contribute t	the ca	use of death?		
7	law requires that the as been signed by th i.2 should be datache		Catarina	. 1		1.	11	F				101	res 20 No	3 Pro	bably	4 Unknown		
S)	as ii	þ	arteriss		- }	000	ww	<i></i>				-		T				
Hecord	v require been sign should t	ted	Lan	1									en eutopsy med?	ev	eileble p	prior to		
ပို	has by	ple	Type	vunain										of	mpletion death?	1 Of Cause		
r	The ste h	Completed										1 🗆 Y	es 2 No	1 10	Yes	2 No		
Vital	an: rtifica	Be	25. Wes case referred to medical							28. Plece	of Deet	th (Check only or	ne)					
	Physician: Tha la r this certificata has aral director, paga 2	70	exeminer? 1 Yes 2 No	Hospitei: 1 ☐ Inp	atient 2	ER/Out	patient	3 DO	Oth	er: 400 Nu	irsing Ho	ome 5 Resid	lence 8 🗆 C	ther (Specia	(v)			
0 8	g Ph arth heral		27. Menner of Deeth	28a. Dete of	njury Day Year)	28b. Ti		2	8c. Injun			28d. Describe h						
DIVISION OF	ath. r: Aftar a funer	atio	1 Neturei 5 Pending investigation		Day real)	""	jury	М		Yes 2	No							
SIN	Afte octo by th	1110	3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of	Injury - At h	ome, ferr	m, stree	et, fectory	, office			28f. Location (S	Street and Nu	mber or Run	al Route	Number,		
5	d in Dir	Certification:	→ □ (lottlicide	ouliding,	, etc. (Specil	ny)						City or Tow	ni, Siale)					
- 2	To the hospital or Attending Pl within 24 hours after death. To the Funeral Director: After it completaly filled in by the funera		29a. Certifier Certifying Ph	ysician: To the be	est of my kno	wledge,	deeth o	occurred (et the tim	ne, dete en	d piece,	end due to the d	euse(s) end	manner es s	teted.			
1	n 24 n Fu	edical	(Check only 2 Medical Examone)	niner: On the basis and menner	s of exemine	etion end	or inve	stigation,	in my op	oinion, dee	th occur	red et the time, o	dete end plec	e, end due t	the ce	use(s)		
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To the United	8 2 %		1	1/2	MVI			ע	140.	34		J	TIT > .	1770				
1	2		30. Name and address of person who	completed cause	of death filter	n 23a) (T	Type P		143.	J 4.		5	LLI J.	1990				
1	2		30. Name and address of person who of DR GEORGE BREZA		of deeth (Iter			rint)		AND M	ADVI		1502	1990				

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State of Maryland / Department of Health and Mental Hygiene 95

						Ce	rtificate o	f Death		Reg. No.	U	41101
	Dhuais		1. Decedent's Neme (First, Middl	ia, Last)					2. Dete of De Month		Van	3. Time of Deeth
Ę	Physic /Medi		HARRY	IVAN			Wil	son	Sept		996	3:27am
ì	Examir		4a. Facility Neme (If not institution		1			4b. City, Town,	or Location of Deat	h 4c. Coun	ty of Deeth	
			Memorial	Hospita]	L at Ea	aston		Eas		T	albo	t
	Funeral Director		5. Sociel Security Number 168–12–1836	6. Sex	7. Age (In yrs. 93	last birthdey) Yrs.	Months Day		Hrs. 8. Date of Bir Min. (Month, De OCT • 7	y, Year)	9. Birth Cou PEI	placa <i>(Stata or Foraign</i> ntry) NNSYLVANIA
	Maryland f show	tor	Usual Rasidence of Decedent 10a. Stete 10b. County MD	TALBOT	10c. Cit	y, Town or Lo	ocation STON					10d. fnside City Limits 1 □Xyas 2 □ No
	the 128s	Director	10e, Street and Number				10f. Zip Code			10g. Citizen of	What Cou	intri/2
	ter death with the Marylan Nema 23a or 28a-f show Incr must be notified at		243 BROOKWOO			,	2	1601		US	A	
020	a oE	by Funeral	11. Meritel Stetus 1 Never Married CMarr 3 Widowed 4 Divorced	ried 1 Yes	2 🗓 🕅		Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 💢 N		? (Specify Yes or No uerto Rican, atc.)	Spec	ack, White,	can Indian, , etc. HITE
7700-61717	n 72	Completed	15. Deceden (Specify only higher Elementary/Secondery (0-12)	nt's Education st grade completed)		(Give	dent's Usuel Occ kind of work don DO NOT use reti	e during most of	working	16b. Kind of I	Business/Ir	ndustry
7	filed within Hygiana.	E OC	12	College	1-40(5+)	MEC	CHANIC			CAR	DEAL	ERSHIP
maryland	S da b	To Be	17. Father's Neme (First, Middle, UNKNOWN 11	Last)					Neme (First, Middle UNKNOWN		me)	
	P P P		19a. fnforment's Neme/Reletions FRANCIS K. H						r Rural Route Numb STON, MI			p Code)
paililliole,	80 = 5		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S)		State	emetary, crar	sition (Neme of matory or other p		Dete 9-7-96	20c. Location EASTO		
Dall	permit. Par Departmen Important: any injury		21. Signeture of Funerel Sarvice	Licensee			2. Nama and Add		ENBEIN &	NEWN	AM FI	UNERAL HON
			JOHN R.			2	200 S.	HARRIS	ON ST. I	EASTON		21601
	Physician /Medical Examiner		23e. Pert1. Enter the diseese, or shock, or heert feilure. List Immediate Cause (Finel diseese or condition resulting in deeth)		EPS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dio di Tospilotory			Approximeta Interval Between Onset and Deeth WEEK
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o o	a axecut an and urial-tran	Examiner	Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury	41				1 44 5 = 4				
X 00/00,	ertificate be ing physicia a as the bur	Medicai	Cause (Disease or injury that initiated events rasulting In daath) Last	d. M		r es a conseq	uenca of):		12			I WEEK
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	es that the death igned by the atta be datached for	y Physician/			eath pot not rest	uking in the di	ndenying cause (Iven in Pert I.				o the cause of death? bably 4 Dehknown
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		S	· ·						1 🗆	Yes 2 No	11	□Yas 2□ No
	cian	Be	25. Wes case referred to medical exeminer?	Hospital					Deeth (Check only	one)		
5	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this cartificata his complataly filled in by the funaral director, page	lon: To	1 Yes 2 No 27. Menner of Death 1 Weturel 5 Pendin	28a. Dete (Mon	inpatient 2 of Injury th, Dey Year)	ER/Outpatler 28b. Time of Injury	28c. Inj		g Homa 5 Resi	dence 6 Dot how Injury occu		fy)
DIVISION OF VITAL DECORAS,		Certification:	2 Accident investig 3 Suicide 6 Could r 4 Homicide determine	28f. Location (City or To		ber or Run	al Route Number,					
	To the Hospital within 24 hours of the Funeral completely filled	edicai C	29e. Certifier 12 Certifyfn (Check only one) 2 Medigal	g Physician: To the Examiner: On the b	be t of my know asis of examinet	wiedge, deeth tion end/or inv	occurred at the vestigetion, in my	lime, dete end pli opinion, death o	aca, and dua to the ccurrad at the time,	ceuse(s) end n date end piece	nenner as s	stated. o the cause(s)
	To the within To the	Me	29b. Signature and title of certifler	110.11			29c. Licer	nse number	1//	29d. Date sign	ed (Month,	Dey, Year)
			30. Name and eddress of person v	who completed caur	se of deeth (Item	23e) (Type,	Print)	700	7/	110	176	
			DANIEL E. MA	KAS, NO	508	FALE	WILD	AUE	EASTO,	U, MD	_	
	Sta	-	31. Date filed (Month, Dey, Year)	6 1996 32. F	legistrer's Signe	ture				/		
	Registr	ar	SEP 0	6 1996	Grina Dar	4dson-R	indelle					

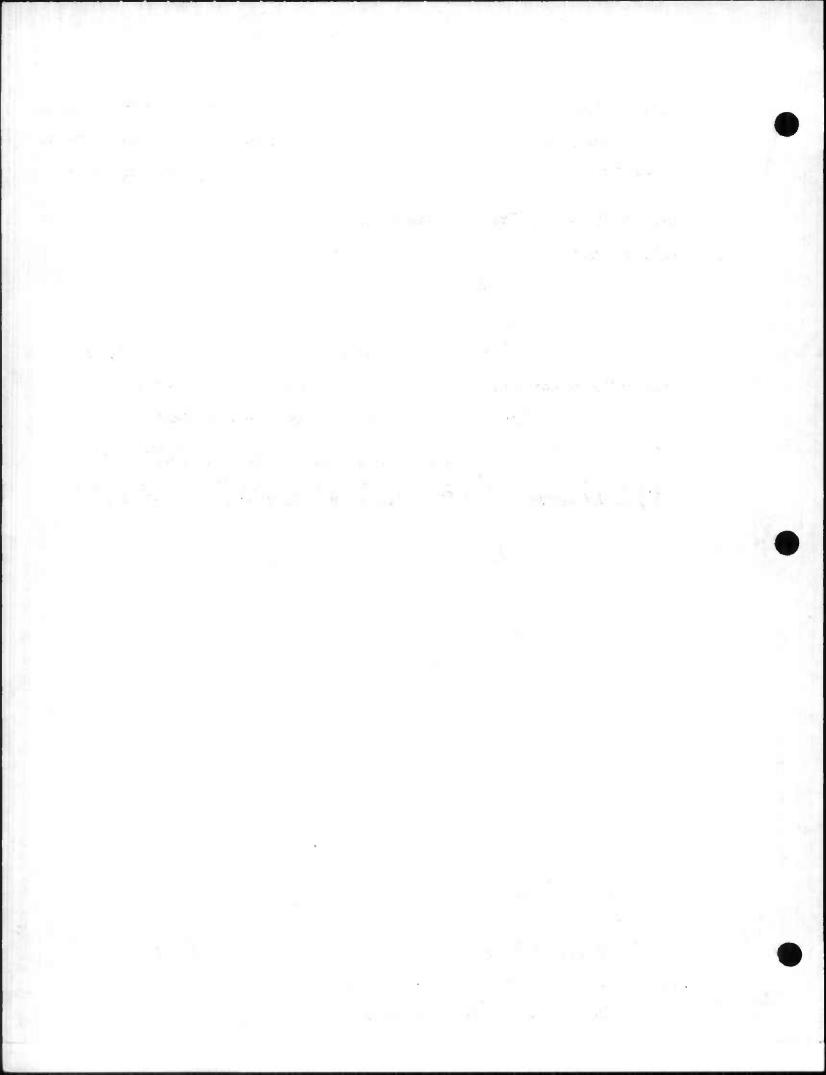


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State of Maryland / Department of Health and Mental Hygiene 96

27702

				,		Certificate o		F	Reg. No.	0	21102	
D	hysici	an	1. Decedent's Name (First, Middle, La	st)				2. Date of Dee	eth	Veer	3. Time of Death	
	/Medi		Elva C. Woote					August		96	7:30 AM	
Ε	xamiı	ner	4a. Facility Name (If not institution, giv				4b. City, Town, or					
			118 Arrington Ro 5. Social Security Number 6. S		uma la at him	Inday) If Under 1 Ye	Queens to				ne County	
Dir	ineral ector			1 M 2 X F 8	yrs. last bir	Yrs. Months Day		May 6,	1911	9. Birthp Coun Mary	piece (State or Foreign stoy) Land	
ylend	Mo to		10a. State 10b. County	100	. City, Towr	or Location				1	0d. Inside City Limits	
Mar	1 2	tor	Maryland Queen A	nne County	Qu	eenstown					1 ☐ Yes 2000 No	
death with the Marylend	at be no	al Director	10e. Street and Number 118 Arrington Ro	ad		10f. Zip Code	1658		U.S.		try?	
0 3	Examiner m	by Funeral	11. Maritai Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	in U,S.	13. Was Decedent of If Yes, specify Control of It Yes 2 № N	f Hispanic Origin? (Suban, Mexicen, Puert lo Specify:	pecify Yes or No- o Rican, etc.)	14. Red Bia Specif	ce - Americ ck, White,	etc.	
2-0 72 ho	lical L	ted	15. Decedent's Ed	ducetion	16a.	Decedent's Usual Occ	upation	4.1	16b. Kind of B			
2121 3 within 7	The Med	Completed	(Specify only highest gra Eiementary/Secondary (0-12) 11	College (1-4or 5+)		(Give kind of work dor life. DO NOT use reti Seamstres		King	Wearin	g Apr	parel	
D SHE	vent,	Bec	17. Father's Name (First, Middle, Last)					ne (First, Middle,				
Vlai Vlants	tic e	TOE	William Emmitt C	allahan			Mary V	irginia :	Faulkne	r		
and 2 sho	or traume		19a. Informant's Name/Relationship (William E. Woote		19b. P.	Meiling Address (Stre O. Box 53	et and Number or Ru , Queenst	own, Mar	r, City or Town, yland 2	State, Zip 21658	Code)	
altimore, Maryland 21215-0020 mit. Pages 1 and 2 should be filled within 72 hours aft partment of Health end Mantai Hygiene.	ry or oth		20a. Method of Disposition 11 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specific	Removai from Stete	cemeter	Disposition (Name of y, crematory or other p wn Memoria			Easton,	City or To Mary	vn, State Land	
Balt Permit. Departm	any Inju		21. Signature of Funeral Service Licen		FISP		ress of Eacility Helfenbein HARRISON			ral H	Iome, P.A	
-			23a. Part1. Enter the disease, or compshock, or heart failure. List only	plications that caused the c	leeth. Do n					, MD	Approximete	
Physi	Ician	Н	shock, or heart failure. List only	one cause on each line.			(1	Intervei Between Onset and Deeth	
	dical		Immediate Cause (Final disease or condition resulting in death)	a dila4	ed	Cardioni	popathe	1			year	
		ē	Due to (or as a consequence of):									
petno	ansit	Examiner	Sequentially list conditions	b. Due t	OGRASAC	onsequence of):					years .	
0 8 8	riel-tr		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury				.00-				0	
r 68760, riflicate be executed	the bunal-transit	Medical	Ceuse (Disease or Injury that initieted events resulting in death) Last	c. Cronaug	o (or as a c	onsequence of):	use			(years	
Box 68 eath certifical	9 65			d. pylm	mai	y kype	Hension				gear	
O a dear	of be	Physician/	Part II. Other significent conditions of	ontributing to death but not	resulting in	the underlying ceuse	given in Pert I.	23b. Did to	becco uee co	ntribute to	the cause of death?	
S, P.C s that the	be deteched for use	by Phy						1 🗆 Y	es 2 No	3 Prob	bably 4 Unknown	
w requir	should	Completed						24a. Was e perform	n autopsy med?	eva	ore autopsy findings allable prior to appletion of ceuse death?	
T e e	раде	Ю						1 🗆 Y	es 2 No	1 🗆	Yes 2 No	
Ita Ian:	ctor,	Be	25. Was cese referred to medicel examiner?				26. Place of Dea	th (Check only on	e)			
Nysic hysic	dire	ဥ	1 ☐ Yes 2 No	Hospital: 1 ☐ Inpatient 2	2 ☐ ER/Out	patient 3 DOA	Xther: 4 ☐ Nursing H	ome 5 Reside	ence 6 Oth	er (Specity)	
ath.	ra or Attending P rs after death. al Director: After the did in by the funera Certification:		27. Menper of Death Naturai 5 Pending Accident Investigation	28a. Date of Injury (Month, Day Year	28b. Ti	jury W	ury at ork? □ Yes 2 □ No	28d. Describe ho	ow Injury occur	red		
DIVIS al or Atte attar de Directo		Sertific	3 Suidde 6 Could not be 4 Homicide determined	28e. Place of Injury - A building, etc. (Spe	t home, fer	m, street, factory, offic	9	28f. Location (St City or Town	reet and Numb n, State)	er or Rura	l Route Number,	
He Hospitus 1.24 hours		edical	29a. Certifying Phyone) 1 Certifying Phyone	vaician: To the best of my interest of the basis of exemulation and menner stated.	knowledge, ination end	death occurred at the /or investigation, In my	time, dete and place, opinion, death occur	, and due to the corred et the time, d	ause(s) end ma ate and place,	anner as stand due to	ated. the cause(s)	
To the To the	com	ž	29b. Signature and title of certifier	1			nse number	2	9d. Date signe	d (Month, L	Day, Year)	
			30, Name and addrsss, of person who of	Hory	ltom 20-1 7	D4	17627	txeville	8.28.	96		
			Kathleen they mo.	/			10	He 11:16	MA	211.	7	
	Sta	е	31. Dete filed (Month, Day, Year)	32. Registrar's Si	gnature	-Randoll	CER	in vinc	, ,,,,,,	-101	1	
Re	egistra	ar	AUG 2 91	996 Michael	avidson	-Randell						



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27703

_						Cert	ilicate of	Death		Reg. No.				
	Physic /Medi		1. Decedent's Name (First, Middla,						2. Date of D Month Septe	, Day	Year 1996 1705			
	Exami		4e. Facility Name (If not Institution,					4b. City, Town, or						
_			Washington 5. Sociel Security Number		Sp1tal Age <i>(In yrs. Ia:</i>	st hirthday)	If Under 1 Yea	Hagerst			ington			
ı	Funeral Director		217-12-1589 Usuel Residence of Decedent	1 □ M 2 □ F	71	Yrs.	Months Days		(Month, D	3, 1924	9. Birthplace (Stata or Foraign Country) Maryland			
	Mand Mand		10a. State 10b. County		10c. City,	Town or Loc	ation				10d. Inside City Limits			
	Man	jo	Maryland Washi	ngton		Hager	stown				1X Yes 2 No			
	or 28	Jirec	10e. Street and Number		'		10f. Zlp Code			10g. Citizen of	What Country?			
	23a	le	405 W. Howard Street 21740					40		USA				
	er des	nue	11. Marital Status	12. Was Decede Armed Force	\$?	. 13. W	as Decedent of Yes, specify Cu	Hispanic Origin? (S ban, Mexican, Puer	pecify Yes or N to Rican, etc.)	14. Ra Bla	ca - American Indian, ick, White, etc.			
21215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medical Examine must be notified at	d by Funeral Director	1 Never Married 2 Married 3 Widowed 4 Divorced	1 N Yes 2[If Yes, Give Yeer or Date	s:		□Yes 2⊠No			Specia	^{y:} White			
15-(ges 1 and 2 should be filed within 72 ho it of Health and Mental Hygiene. If item 27 is marked other than "netur or other traumatic event, the Medical	Completed	15. Decedent's (Specify only highest)			16a. Decede (Giva k	ent's Usual Occu and of work done	upation e during most of wo ed)	rking	16b. Kind of B	Business/Industry			
12	withir	E C	Elementary/Secondary (0-12)	College (1-4d	or 5+)			ed)		D 11	055:			
	filed with Hygiene. ther then	ပိ	17. Father's Neme (First, Middla, La	ist)		Cler	ζ	18. Mother's Na	me (First, Middl	Kallway	Office			
lan	should be filed within and Mental Hygiene. marked other then immite event, pre M	To Be	George Harper					Elizabe		rtrude	Coffman			
Maryland	2 should and Men is marks	F	19a, Informent's Neme/Relationship			19b. Mailing	Address (Stree	et and Number or R						
	1 and 2 Health ar		Jean E. Wolfe					d Street		The same of the same	ryland 21740			
e,	es 1 and of Health of Health I frem 27 r other to		20a. Method of Disposition		CON	ce of Dispos	ition (Nama of atory or other pl		Date		- City or Town, State			
altimore,	Pages nent of I mt: If ite		1 Bunal 2 □ Cremation 3 4 □ Donation 5 □ Other (Spe		10		Cemete		9/6/96	Hagaret	town, Maryland			
alt	permit. Pages Department of Important: If I any Injury or once.		Squature of Funeral Service Lic	censee		22.	Name and Add	ress of Facility						
0	Depar Impor any Ir		22. Name and Address of Facility Gerald N. Minnich 305 N. Potomac Str Funeral Home Hagerstown, Maryla 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,											
			23a. Part 1. Enter the disease, or co shock, or heart tailure. List or	emplications that causely one cause on each	sed the death.	Do not enter	the mode of dy	ring, such as cardia	c or respiretory	errest,	Approximate Interval Between			
Ď.	Physician										Onset end Deeth			
П	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	a Chorm	c 0 d3	mch	in pro	miny o	discore		un bum			
	D H	liner		a Chorm				vakan.						
0,	ncertificate be executed inding physician and use as the burial-transit	Examiner	Sequentially list conditions, If any leading to immediate cause. Enter Undertying											
68760,	g physic as the b	n/Medical	that initiated evants resulting in deeth) Last	c. O	Due to (or e	es e consequ	ence of):							
XO	h cert endin		•	d										
	requires that the death seen signed by the atter should be detached for a	Physicia	Pert li. Other significant conditions	contributing to death	but not resulti	ing in the und	tarlying cause g	iven in Pert I.	23b. Die	i tobacco use co	ontribute to the cause of death?			
P.0	at the	Phy							1	Yes 2 No	3 Probably 4 Unknow			
5,	ires the signed d be de	by									T			
Records,		Completed				-			24a. Wa	s an autopsy formed?	24b. Were autopsy tindings available prior to completion of cause of death?			
æ	0 - 0	Eo							10	Yes 21 No	1 Yes 2 No			
Vital	delan: The	Be	25. Was case reterred to medical examinar?					28. Piaca of De	ath (Check only	ona)				
of V	Q 66 X	To	1 Yes 2 No	Hospital:	itient 2 E	R/Outpatient	3□ DOA O	ther: 4 Nursing H	dome 5 □ Res	sidence 8 🗆 Otl	her (Specify)			
	r Attending Physics death. rector: After this hy the funeral di		27. Manner of Death 1 Natural 5 Pending 2 Accident investigat	28a. Date of Ir (Month, I		8b. Time ot Injury	28c. Inju W	ury at ork? □ Yes 2 □ No	28d. Describe	how injury occu	rred			
Division		3 Suicide 4 Homicide 3 Suicide 4 Homicide 4 Homicide 4 Romanied 4 Romanied 4 Romanied 5 Could not be determined 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)								(Street and Num. own, Stata)	ber or Rural Routa Number,			
	To the Hospital of within 24 hours aff To the Funeral DI completely filled in	edicai C	(Check only 2 Medical Ex	Physician: To the bes aminer: On the basis	ot examination	adga, deeth o	occurred at the testigetion, in my	time, date and plece opinion, death occu	e, end due to the arred at the time	e cause(s) and m	anner as stated. and due to the cause(s)			
	thin 2	Med	one) 29b. Signature and title of certifier	and manner	stated.		29c Licer	nse number		29d Date slone	ed (Month, Day, Year)			
	F 3 F 8) Ogle	1			7	111200		O11	V 1996			
			30. Name and address of person wh	o completed cause =	death /itam 0	(3a) /Time D	riot)	1.10(8)		841	7, 1110			
			Di Igbal.	12821	Oak 4	III A	enue	e Hag	erst	own	md			
	Sta Registr		31. Date tiled (Mors EP Var)	1996 32	strade Signetur	Marke	4	1						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					(Certifica	te of	Death			Reg. No.			•
			1. Decedant's Name (First, Middla, Li							Deta of Da	ath		3. Tima o	of Death
н	Physici		Maurice Rolar	nd Wells, Sr.						Month 198	, 1996	Year	8:05	P.M
	/Medi Examir		4a. Facility Nema (If not institution, gh	re street end number)		-		4b. City, To	wn, or Location			ty of Death		
	- Addini		9920 Williamsburg	Drive			Ì	Upper	Marlb	oro	Prine	ce Ger	orge's	3
	Funeral		5. Social Security Number 6.	Sex 7. Aga (In	yrs. lest birth	day) If Unda Months	r 1 Yea	If Undar		Date of Bir Month, De			plece (Steta ontry)	
	Director		578-01-3889	X0 м 2□F 78	Yı	rs.	Deys	Hours			1918		land	
	P .		Usuai Rasidance of Decedant		0: -				-		i i ada a a a a			
	anyla show	-	Maryland Prince G		City, Town							,	10d. Insida C	
	Ne M	ecto		eorge s	obber	Marlb								₹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	E P	급	10e. Street and Number 9920 Williamsbur	a Drive			p Coda 2072	2			10g. Citizen of United		•	
	e 23	Funeral Director												
	frem Per de	n	11. Marital Status	12. Was Decedant Evar Armed Forcas?		13. Wes Dece It Yas, spe	edent of ecify Cul	Hispanic On ban, Maxicar	igin? (Specify n, Puarto Rica	Yas or No in, atc.)		ack, Whita,		
20	rs aft	by F	1 ☐ Navar Marriad → Married 3 ☐ Widowed 4 ☐ Divorced	XXXX as 2 □ No 1 If Yas, Giva Yaer or Datas: 1		1 🗆 Yes	2 \ No	Specify:			Speci	か:Whit	e	
21215-0020	72 hours after death with the Maryland natural; or items 23a or 28=4 show dos! Examiner must be notified at		15. Decedent's E		945	ecedant's Usu	Jal Occu	pation			16b. Kind of I	Businass/In	dustry	
215	n T	Completed	(Specify only highast gri Elemantary/Secondary (0-12)	ide completed)	1 6	Giva kind of w lifa. DO NOT (ork dons	during mos	t of working				,	
212	d with	E	12	Coilege (1-4or 5+)	Eng	ineeri	na S	ection	n		Pepco			
b	office office	BeC	17. Fathar's Nama (First, Middla, Last)						rst, Middla,	, Maidan Suma	ma)		
/lai	Aents Aents rked fice	To	Joseph A	Wells				Kat	thryn 1	Roede	r			
Maryland	s ma		19a. Intormant's Name/Ralationship (Typa, Print)	19b. I	Malling Addras	is (Stree	t and Numbe	er or Rural Ro	uta Numb	er, City or Town	n, Stata, Zir	Coda)	
	and and a		Helen Wells		99	20 Wil	liam				er Marl			0772
ore	of H f Ren f oth		20a. Method of Disposition 1 Paurial 2 Crametion 3 D		Ob. Piece of E cematary,	Disposition (Na cramatory or	ma of other pl	ece)	Sept 3	pta 199	620c. Location			
Ē	Pag ment ant: I		4 ☐ Donation 5 ☐ Othar (Special	y) .	Maryla	nd Vet					Chelte		-4	
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or fiems 23s or 28s-4 show any fulury or other traumstic event, the Medical Examiner must be notified at once.		21. Signatuta of Funeral Service Lice	1549							1 Home,			
ш	20 E 9 9		2 an 1	11		Alexan	dria	Ferr	y Road	, Cli	nton, M	aryla	ind 20	735
E			23a. PartT. Enter the disease, or com shock, or heart faithe. List only	plications that caused that	daath. Do no	t antar tha mo	da of dy	ing, such as	cardiac or ra	spiratory a	rrast,		Approximatintarval Bel	tween
	Physician			0									Onset and	Deeth
	/Medical Examiner		Immediata Causa (Final disaasa or condition resulting In deeth)	a. Me	tasta.	tic l	200	can	con				5moi	nthe
		-		Dua	to (or as a co	nsequance of):							,
П	nsit	Medical Examiner		b										
,	eath certificate be asscuted attending physician and I for use as the burial-transit	Exa	Sequantially list conditions, if eny, leeding to Immadiete cause. Entar Undarlying	Dua	to (or as a co	nsaquence of)):							
68760,	e be	cal	Cause (Disaasa or Injury that initiated evants	C. Due	o for es e co	nsequence of)								
68	ifficat of phy as th	Ped	rasulting In death) Last	500	0 (01 03 0 00	ilandanion (i)						i		
Box	that the death cer ed by the attendin detached for use	N/UE		d										
	0 0 0	Physician	Pert II. Other significant conditions of	ontributing to death but no	t rasulting in t	he underlying	causa g	ivan in Part I	1.	23b. Did	tobacco use c	ontribute to	o the cause	of death?
P.O.	law requires that the as been signed by the 2 should be detached	Phy	Clapanic abdard	Jul 5 26 22		(0.0-				1	Yee 2□ No	3 Pro	bebly 4	Unknown
Ś	es that igned I be det	b	Country of the control of the contro	inc pollugisa	oy all	(va)e								
oro	been si should	Completed	Chronic obstact	dicease							an eutopsy rmed?	av	ara autopsy allabla prior	to
Sec	law lasb	nple										of	ompietion of o death?	Cause
E	The cate h	Co								10	Yes 2 No	1[□Yas 2	No
	Physician: The law this certificate has ral director, page 2	Be	25. Was case rafarred to medical axaminar?	Hospital:					a of Death (C	heck only o	ona)	-		
of	00	T _o	1 ☐ Yes 2 No 27. Mannar of Death		2 ER/Outp		UA			1	dence 8 🗆 O		5/)	
Division of Vital Record	Afte fune	lon	1 Neturel 5 ☐ Panding	28a. Data of Injury (Month, Day Yes	28b. Tir Inj	ury M	28c. Inju	ork?]Yas 2□		Describe	how injury occu	irred		
2	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral		3 Sulcide 6 Could not be datamined datamined							Street and Nun	her or Run	el Route Nur	nher	
<u>≤</u>	after Direction	ert	4 Homicida datarmined	building, atc. (Sp	secify)	, 3(1441, 15010)	y, 011100			City or To			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	epita nours neral		29a. Cartifiar 1 Certifying Pt	ysician: To the best of my	knowledga, d	daath occurred	at tha t	ima, data an	nd place, and	dua to the	cause(s) and n	nannar as s	itated.	
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edical	(Check only 2 Medical Examone)	niner: On the basis of exar and mannar stated.	nination and/	or invastigation	n, In my	opinion, daa	th occurred a	t tha tima,	data and place	, and dua to	o tha causa(s)
	To the To the Comp	X	29b. Signetura and titla of certifiar	0		29	c. Licar	sa number			29d. Data sign	ed (Month,	Dey, Year)	
			/ Jursona C	Le Ms			D	38150	9		AUG	2971	996	
			30. Nama and addrass of person who											
			Vincent Chen, M	9131 Piscat	caway 1	Road. #	600	, Clin	iton, M	d 207	735			
	Sta		31. Data filed (Month Day Year) 4	996 32. Regietrer's S	ignatura Museluse	Redu								
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State of Maryland / Department of Health and Mental Hygiene 96

					(Sertifica	te of	Death		Reg. No.					
П	Dhuciei	on	1. Decedent's Neme (First, Middle, L		,				2. Dete of D	eeth Day	Year	3. Time of Death			
	Physici /Medi		Col	111	VIL.	D			Aule	187 28 1		11-37 Pm			
	Examir		4a. Fecility Nema (If not institution, g	va street and number)				4b. City, Town,	or Location of Dea	th 4c. County	of Death	0			
			SOUTHERN	MARYLAND	4	USPIT	746	Ch	INTON	Pr	INCE	GEONGE			
	Funeral			Sex 7. Aga (In yrs.	last birth	day) If Und	ar 1 Yaar Deys	-	Hrs. 8. Data of B	irth ey, Year) 1911	9. Birtho	elece (Stata or Foreign			
	Director		579 09 4391	^{1□ M} X X 85	Y	rs.	2,0,0		May 1,	1911	Maine	9			
	pu .		Usuei Residence of Decedent 10e. Stete 10b. County	100 0	to Tour	or Location									
	aryla shor	-									_ '	Od. Inside City Limits			
	N N N	octo	Maryland Prince	George's To	emple	e Hills	_					1□ Yes 2□ No			
	g 6	Director	10e. Street and Number	D-1		4	ip Code			10g. Citizan of					
	23a	<u>a</u>	6722 Berkshire	Drive		- 2	20748	<u> </u>		United	Stat	ces			
	72 hours after death with the Maryland natural', or items 23s or 28s-f show dest Examor must be notified at	Funeral	11. Meritei Stetus	12. Was Decedant Evar in U Armed Forces?	J,S.	13. Was Dec	edent of Fecify Cub	lispanic Origin? an, Mexican, Pu	(Specify Yas or Nuerto Rican, etc.)	o- 14. Rad Bia	ce - Americ				
20	al', or h		1 Never Merried 2 Married	1 ☐ Yes 2 TYO If Yas, Giva		1 🗆 Yes		Specify:		Specif					
ğ	72 hours natural*,	d by	3 Widowed 4 Divorced	Yaar or Detes:							V	White			
21215-0020	natur natur	Completed	15. Decedent's E (Specify only highest g	iducation rada completed)	16a. E	Decedent's Us Give kind of w	uei Occup ork dona	oation during most of d)	working	16b. Kind of B	usiness/Inc	dustry			
12	within jiene. r than	шb	Elementery/Secondary (0-12)	College (1-4or 5+)				d)		- 23					
	DO		12 17. Father's Neme (First, Middle, Las	2	Suc	atistic	Tall	40.00	A		-	Congress			
Maryland	S da b y	Be	Duncan Jones	t)				-	Nema (First, Middle		10)				
Š	should be and Mental marked of umatic ev	2							zabeth Di						
Na Na	0 0 0		19e. informent's Neme/Reletionship	(Type, Print)					Rural Route Num						
	f Heeith fem 27 other tr		Stuart Wild	001	672	22 Berk	shir	e Drive	. Temple	Hills,	Md 20	748			
0			20e. Method of Disposition 1 □ Burial 2 ☼ remetion 3 !		cemetery,	Disposition (No.), cremetory or	other ple	ca)	Dete	20c. Location					
	Department of Important: If Important: If Indian or Indi		4 □ Donetion 5 □ Othar (Spec	ify) Let	e Cre	matory	Au	gust 30	1996	Clinto	n, Ma	ryland			
Baltimore,	pemit. P Departme Importan any Injur		21. Signature of Funarai Sarvice Lica	insae					e Funera	I Home, I	nc 6	633 Old			
_	ZQ = 3 8		Kounshil	1. Na		Alexan	arıa	Ferry	Road, Cl.	inton, M	aryla	ind 20735			
			23a. Pert1. Enter the disease, or con shock, or heart feiture. List only	nplications that caused the dee	th. Do no	ot enter the mo	de of dyle	ng, such es car	diac or respiratory	errest,		Approximate fntervel Between			
	Physician		orioni, or riour results. Electric	7 5110 500 511 50 511 M10.								Onsat and Death			
	/Medical		immediate Ceuse (Finai disease or condition	ACUTE MYOC.	ARDI	AL IN	FAR	CTION			1	HOURS.			
	Examiner		resulting in death)	Due to (or as a co	nsequence of)·								
-	D #	ne		ATHEROSCLE	ROT	IC COF	(ONA	RY HEA	RT DISE	ASE.	1.	YEARS.			
	ate be executed hysician and the buriel-transit	Examiner	Sequentially list conditions,	b. — Due to (or es e co	nsequence of):								
Ó	ian a		Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Disease or injury	ISCHEMIC D	ILAI	EB AN	D C	ONGEST	IVE CAR	DIOMYOI	HTA	Y.YRS.			
9/89	certificate be execut ding physician and se as the buriel-tran	/Medical	thet initieted events rasulting in death) Lest	C. Due to (c	or as a co	nsequenca of):				1				
	ding place as the	Mec		CHRONIC IN	TERS	STITIA	L P	ULMONA	RY DISE	ASE.		YEARS.			
ROX	- 6 3			d							1				
	0 0 0	Physician	Pert ii. Other significant conditione	contributing to death but not res	sulting in t	the undarlying	causa giv	an in Part I.	23b. Dfc	tobacco uee co	ntribute to	the cause of death?			
5	by th	th'	CHRONIC ATRIA	L FIBRILLATI	ONS.	RECUE	REN	r cong	ESTIVE:	Yee 2□ No	3 Proi	bebly 4 Unknown			
	gned b	by	HEART FAILURE						-						
Ď	v requires been sign should be						ASCI	ULAR		s an eutopsy formed?	24b. W	ere autopsy findings allable prior to			
ပ္ပ	- D 60	ple	ACCIDENT. ACQU	JIRED HYPOTH	YROI	DISM			-			mpletion of cause death?			
of Vital Records,	0 - 5	Completed	FRACTURE OF R	IGHT GREATER	TRO	CHANT	ER (OF Rt.	Hip. 10	Yes 2 No	10	Yes 2□ No			
<u>a</u>	ician: The certificate rector, pag	Bec	25. Wes case referred to medical					28. Place of	Deeth (Check only	one)					
2	Physician: this certific ral director,	TOE	examiner? 1 Yes 2 No	Hospitet: 11 Inpatient 2	ER/Outp	etlent 3 C	Oth	2011	g Homa 5 ☐ Res		er (Specif	y)			
			27. Menner of Deeth	28e. Dete of tnjury (Month, Day Year)	28b. Tir	me of	28c. inju			how injury occur					
DIVISION	Attending F r death. sctor: After by the funer	atio	1 ☑Neturai 5 ☐ Pending 2 ☐ Accident invastigation		Trij.	ury M		Yes 2 □ No							
N N	or Attendation of Att	Ific	3 Suicida 6 Could not 6	200. Plece of injury - At h	ome, fern	n, street, fecto	ry, office			(Street and Numi	per or Rura	I Routa Number,			
5	s after I Direct	Certification:	4 El Holliode	building, atc. (Special	(y)				Oily of 10	own, Steta)					
	Hospital 24 hours a Funeral i etely filled		29e. Certifier 1D/Certifying P	hysician: To the best of my kno	wledge,	deeth occurred	d et the tir	me, dete end pl	ace, and due to the	cause(s) and m	enner as s	tated.			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	(Check only 2 Medical Exa	miner: On the besis of examine end mennar stated.	tion and/	or investigetio	n, in my c	ppinion, deeth o	ccurred et the time	, dete end piace,	and due to	the cause(s)			
	To the within 2 To the comple	Σ	29b. Signeture and title of certifiar			25	9c. Licens	sa number		29d. Data signe	d (Month,	Day, Year)			
			Dott. 1	a ton home	-		D12	2884		Aug. 2	29 19	996			
,			30. Neme and address of person who	W. Land	n 23a) (T	ype, Print)									
			PETER W.YIM M.			•	VE -	SUITE	101. C	LINTON	MAR	YLAND 207			
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Røgistrar's Signi											
	Registr		SEP 0 4 19	196 Julia dance	you of	ardall									

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State of Maryland / Department of Health and Mental Hygiene

27706

					Certifica	ate of	Death		Reg. No.		-110		
		1. Decedent's Name (First, Midd	fle, Last)					2. Dete of De		2.0	3. Time of Death		
Physic		Morris	Henry	Wi 1	son			Month		Jay Year 1996 4c. County of Death Wicomico 9. Birthplace (State or Fore County) 1903 Maryland 10d. Inside City Limity Yes 2 In Yes 2			
/Med Exami		4a. Fecility Name (If not institution			LSUII		4b. City, Town, o	Aug. or Location of Death		_ ~	,50		
Exam	ner									3. Time of Deal 1996 c. County of Death Wicomico 9. Birthplace (State or Fore Country) 903 Maryland 10d. Inside City Liver State of What Country? S. A 14. Race - American Indian, Bieck, White, etc. Specify: Black Kind of Busineas/Industry None In Sumeme) or Town, Stete, Zip Code) d. 21801 .ocation - City or Town, State alisbury, Md. d. 21801 Approximate interval Betweer Onset and Deetl Or Town Stete, State or Fore Conset and Deetl State State or Fore Country) 10d. Inside City Liver 10d.			
- 10		Waterview H 5. Social Security Number	6. Sex	7. Age (In yrs. las		ler 1 Yeer	Salisl If Under 24 H		Wic	omic	0		
Funera			1 M 2 □ F			a Deys	Hours Mi	in. (Month, Da	y, Year)	9. Birthi	olace (State or Forei otry)		
Director		220-10-9899 Usual Residence of Decedent		93				Mar.28	3 1903	Mar	yland		
Pue M.		10e. Stete 10b. Count	/	10c, City.	Town or Location						IOd Inside City Lim		
sho sh	2		NAME OF THE OWNER OWNER OF THE OWNER OWNE										
N SE	20		comico	Sa1	isbury								
death with the Maryland rms 23a or 28a-f show r rvust be notified at	Funeral Directo	10e. Street and Number			10f. 2	Ip Code			10g. Citizen of	What Cou	ntry?		
23a	<u>a</u>	213 Delawar	e Avenue			21	1801		U.S.	A			
8	De	11. Marital Status	12. Was Dec	edent Ever in U,S.		edent of h	lispanic Origin? an, Mexican, Pu	(Specify Yea or No	- 14. Rad	ce - Americ			
or It		1 ☐ Never Married 2 ☐ Ma	rried 1 ☐ Yes	2 No		2 No		erto riioari, etc./			etc.		
72 hours after death with the Marylar natural; or items 23s or 28s-f show first Examiner must be notified at	b	3 Widowed 4 □ Divorce	If Yes, Gi		1 U Yea	200 100	Specify:						
72 hours "natural",	Completed	15. Decede	nt's Education		16a. Decedent's Us	uel Occur	ation		16b. Kind of B				
E	De De	Elementery/Secondary (0-12)	est grade completed) College (1 401 5 1	life. DO NOT	use retire	during most of w	vorking					
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/Medical Examiner	L	Immediate Cause (Finel disease or condition resulting in death)	•		a e consequence o	B 5	noped	Men	ARRY	in !	minute		
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sian virial	0	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		ile	Aret 1.	Disa	188	ANO CO	myelen	0	nong yes		
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to the nospital or within 24 hours afte To the Funeral Din completely filled in	edical	29e. Certifier 1/2 Certifyin	ng Physician: To the Examiner: On the ba	best of my knowle	dge, deeth occurre	d at the tir	me, dete end ple	ce, end due to the	cause(s) and m	enner aa s	tated.		
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State of Maryland / Department of Health and Mental Hygiene

95

Physician
/Medical
Examiner

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Meryland Depertment of Health and Mental Hygiene. Important: If tem 27 is marked other than "natural", or items 23 or 28a-f show any lolury or other traumetic event, tra Medical Exercises rout to notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

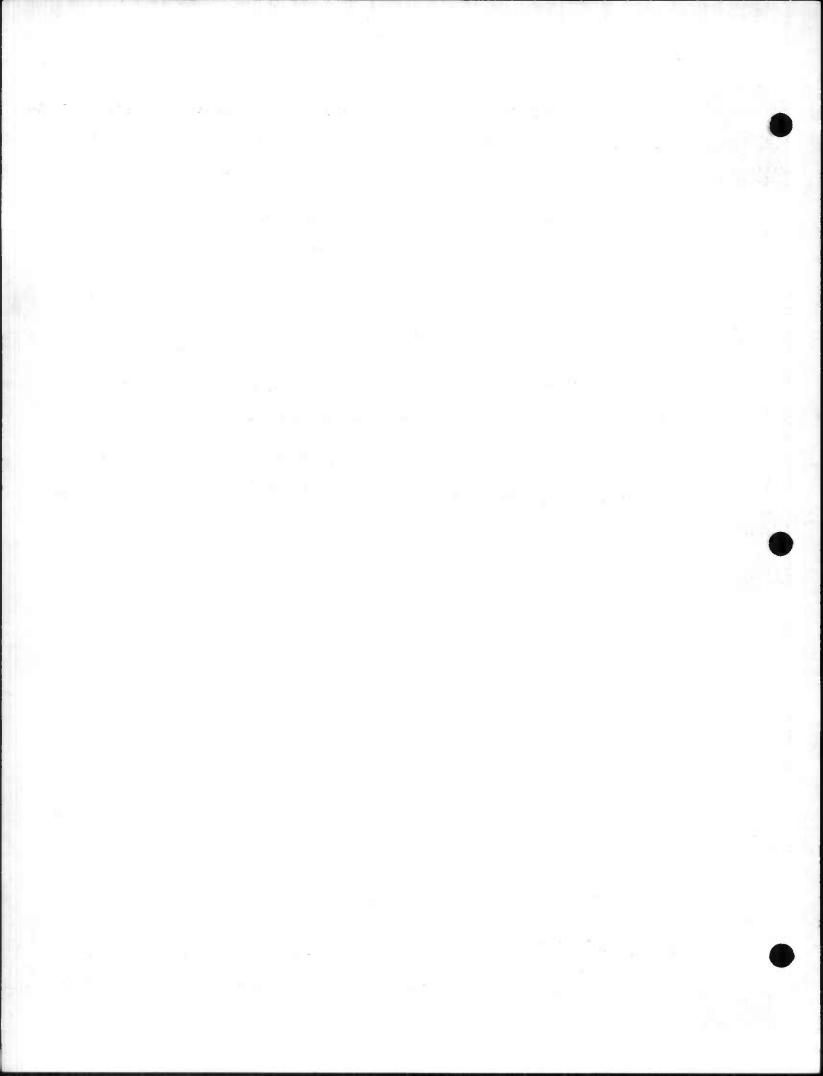
Division of Vital Records, P.O. Box 68760, 2 WI Sta Registrar DHMH 16 Rav 6/95

					C	ertificat	e of	Death	7	Be	a. No.		Con	111
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2	William	Frede	rick Ebe	erspache	r			Ca	roli	ne	Kue	ebler		
	19a. Informant's No	ame/Relationshi	lp (Type, Print)		19b. Me	eiling Address	s (Stree	t and Numb	ber or Run	al Route Number	City or Town	n, State, Z	ip Code)	
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	270 Part1. Enter to	he diseese, or cart failure. List o	complications that only one cause on e	caused the death	n. Do not	enter the mod	de of dyl	ng, such as	s cerdiac	or respiretory arre	est,		Approximation interval Be	ate etween
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	31. Date filed (Mon	th Day Year)	32/R	egistrar's Signat	ture 🚗		دعس	DOILT	r,TTC) •	とていれ				
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State of Maryland / Department of Health and Mental Hygiene 9 6

Physician Alocidical Examiner 4a. Facility Name (if nor institution, pive street and number) Frederick Memorital Hospital Frederick Memorital Frederick Memorital Frederick Memorital Frederick Memorital Frederick Frederick Fre	108
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Physician / Medical Examiner Physic	*
Physician Medical Examiner 23a. Part I. Enter the disease, or complications that can det the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Applications the candidate of the conditions of the candidate of	
Physician //Medical Examiner Physic	
Physician // Medical Examiner Physician // Medical Examiner Physician //	1/UI roximata
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30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print)	21700
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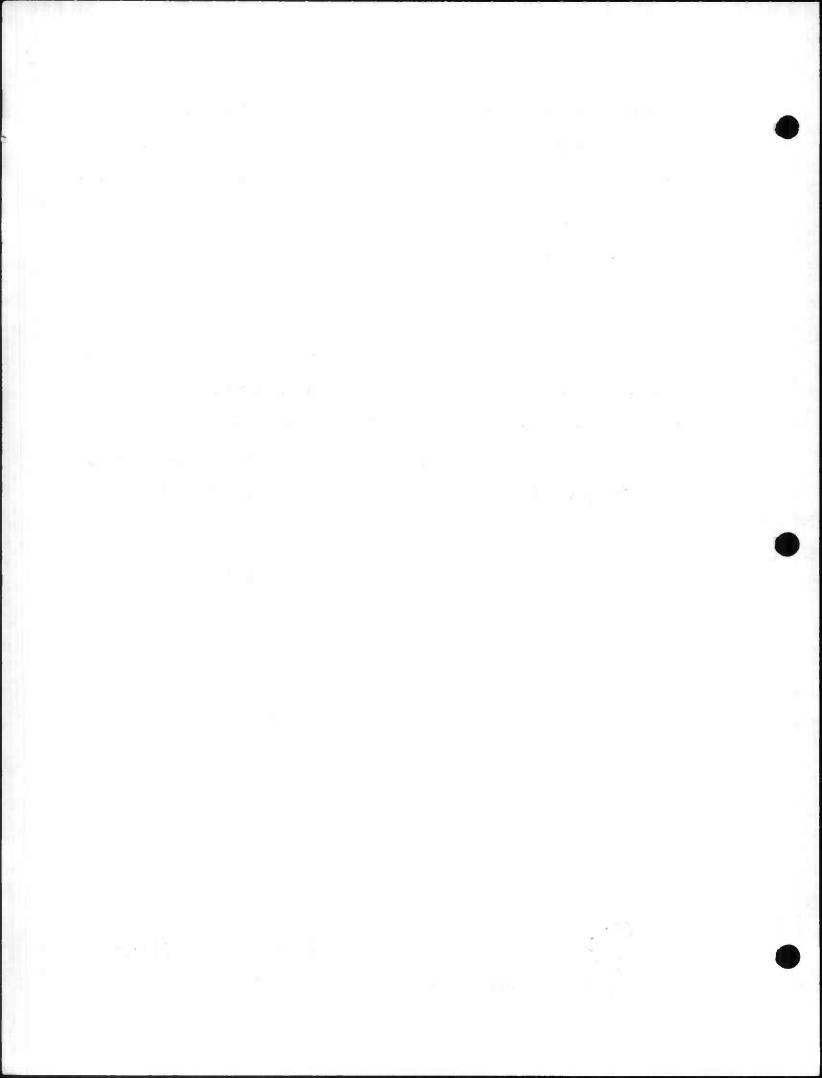


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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

						Ce	runcate c	il Deall	1		Reg. No.					
	m. 1		1. Decedant's Nama (First, Middl	a, Last)				-	Ĩ			V	3. Tima of	Death		
	Physic		George Fr	anklin '	Warde	n				-			9:48	PM		
38	/Medi Exami		4a. Facility Nama (If not Institution					4b. City, T	own, or Lo				3010			
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	Funeral		5. Social Security Number	1. Sax 1. M 2. F		rs. last birthday)	Months Da		Min.	(Month, De	ay, Year)	9. Birthp	ilaca (Stata oi itry)	r Foreigi		
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OX DO/ DU,	nding physician and use es the bunal-transit	n/Medical	that initiated evants rasulting in death) Last		Dua to	(or as a consec	uanca of):									
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Hospital	within 24 hours efter To the Funeral Dire completely filled in b	edical	(Check only 2 Medicat	g Physician: To the Examiner: On the h	e best of my k	nowledge, death	occurred at the	time, data a	nd piace, a	and due to the	causa(s) and made	anner as st	the cause(c))		
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			30. Nama and address of person	() a	1		(21	1 1	-11.	") 3 (N	11				
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	Sta		31. Data filed (Month, Day, Year)	2 1006 32.	Registrar's Sig	matura			*	•						



3. TIME OF DEATH

1:37 PM

346

1996

FOR STATE REGISTRAR

JAMES H.

DECEDENT'S NAME (First, Middle, Last)

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		4. SOCIAL SECURITY NUMB 214-05-6654	ER	5. SEX 1 M 2 F		n yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.	(Mo	E OF BIRTH	18	6. BIRTHPLA Country) MARY	CE (State or Foreign
attending physician. se as the burial-transit permit. Pages 1, 2, 3 should	OR	98. FACILITY NAME (If not institution, give street and number) BOX 421, Mchenry, Md 9b. CITY, TOWN OR LOCATION OF DEATH MCHENRY 9c. COUNTY OF DEATH GARRETT										1		
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10d. I											LIMITS?	
	FUNERAL D	106. STREET AND NUMBER 151 CALHOUN AVE. 107. ZIP CODE 32541 109. CITIZEN OF WHAT COUNTRY? UNITED STATES												COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	U.S. ARMED 2 NO TES	If yes, specify Cuban, Maxican, Puerto Rican, atc.) Black, 1					Black, WI	American Indian, hita, atc. WHITE				
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be retained tage 5 should	TO B	JAMES T. WH	ITE			4575	CHRIS	STIA		ON RI	CHESA!	PEKE	BEACH	, MD.20732
ficate be executed within 24 hours after death. Page 6 may be physician and completely filled in by the funeral director, page ne prior to burial, cremation, or removal.		20a. METNOD OF DISPOSITI	n 3 🗆 Rem (Specify)		20b.	CUMBERL	AND	CREM	ATORY	8-2	27-96 CI		City or Town,	
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BOAL FUNERAL HOME 111 CHURCH ST. WESTERNPORT, MD 21562												
	CERTIFICATION	immediate cause (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Entar UNDERLY! CAUSE (Disease or inju	Jona, dista	a. DUE TO	YOC OOR AS A	och Ilna.	OF):		rlaut			ratory arr	eat,	Approximate Interval Between Onset and Death Minutes
the death certificate the attending phy Mental Hygiene plury, or other		reaulting in death) LAST												
TTENDING PHYSICIAN: The law requires that the d CTOR: After this certificate has been signed by the after death with the State Dept. of Health and Me 28 is marked, or item 23 shows any injur	MEDICAL	DID TOBACCO U									24a. WAS AN PERFOR	RMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO
	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:		28. PLACE OF DE	ATH (Check	only one						
	BY PHYSIC	27. MANNER OF DEATN 1 Natural 5	Pending Investigation	28e. DATE C		28b. T		28c. IN	IJURY AT PORK? YES 2 NO		PESCRIBE NOW I	NJURY OC	CURED	
	E	2 D Sudelde	Could not be detarmined	28a. PLACE building	OF INJURY J. etc. (Speci	— At home, term	, atreet, tac	tory, offi	ica		OCATION (Street ity or Town, State)		or Runii Rouli	Number,
보 보이는	COMPLET	(0		ER: On the basis of										ed manner as stated.
TO THE HOSPIT TO THE FUNERA BE filed within 7 IMPORTANT: 1	TO BE	290. SOCKAJERIE AND TITLE	X	ine	USE OF DEA	ATH (ITEM, 27) (%)	X Prints	b,	29c LICENSE I	E N	The	2946. DAT	R SIGNED (M)	8/96
1/20		31. DATE FILED (Month, Day,	Mary Year)	96 July	14	ie li w	33	+6	Mt	- (ahe !	Park	M	25112 b
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH DAY AUGUST 26

DHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedant's Neme (First, Middle, Last) 2. Date of Deeth 3 Time of Deeth **Physician** AUGUST 28, 1996 THOMAS JOSEPH WANEX 10:30PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 111 POPLAR STREET SECRETARY DORCHESTER 6. Sex 1 M M 2 ☐ F If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Months | Days | Hours | Min. (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Yrs. 69 Director 215-22-0917 MARYLAND OCT. 4, 1926 Usual Residence of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 □ No Director MARYLAND DORCHESTER SECRETARY 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 111 POPLAR STREET 21664 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 (X) Yes 2 □ No If Yes, Give Yeer or Datas: WWII Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, 11. Maritei Status Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Ospariment of Health and Mental Hyglene. Important: If Item 27 is merited other then "natural", or the Arty Injury or other traumatic event, the Medical Examines other. TZANever Married 2 Married Saltimore, Maryland 21215-0020 1 Yas 2 No þ Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) LONG HAUL TRANSPORT TRUCK DRIVER 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) LEO LOUIS WANEX MARY HANNAH MOXEY 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) HARRIET WANEX /WIFE P.O.BOX 42, 111 POPLAR STREET, SECRETARY, MD 21664 20b. Plece of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriei 2 □ Cremetion 3 □ Removei from Stete 4 Donation 5 Di Other /Specify) OUR LADY OF GOOD COUNSEL 8/31 SECRETARY, MARYLAND 21. Signature of Funeral Service Lieu 22. Name end Addrass of Facility
ZELLER FUNERAL HOME, P. O. BOX 207, onous 106 MAIN STREET, EAST NEW MARKET, MD 21631 sations that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, Enter the disease, or copylications that ck, or heart failure. List oply one cause on Physician mediate Cause (Final ease or condition sulting in death) /Medical Examiner clarohie Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760, 8 Physician/Medical The law requires that the death certificate Due to (or es a consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown À 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? cartificate 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No al or Attending Physician: T s after death. I Director: After this certifical 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 PResidence 6 Other (Specify) Certification: To 1 Yes 2NNo 28a. Dete of Injury (Month, Dey Year) unerai 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Matural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 ☐ Could not be 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) B 4 Homicide To the Hospital within 24 hours a To the Funeral D completely filled edical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and manner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) end menner stated. 29e, Certifier 29b. Signatura and title of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) D28209 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) , MD 4 AURORA ST., CAMBRIDGE, MD 21613

MACLAUGHLIN

32. Registrar's Signeture

als Dhudson Rardall

State

Registrar

EDMUND

31. Date filed (Month, Dey, Year)

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SEP 05 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		١,	St	ate of Maryland		artment of ertificate of			jiene 96	27712
	Physic /Medi Exami	cal	Decedant's Name (First, Middla, Last) Evelyn Louise YOUNG A. Feclity Name (If not institution, give street)				4b. City, Town,	2. Data of Dee Month August or Location of Death		6 10:09 AM
	Funeral Director	ľ	Ravenwood Lutheran 5. Social Sacurity Number 220-26-5550 Usual Residence of Decedent	7. Age (In yrs. la) If Undar 1 Yaar Months Days			Year)	ngton Birthpiace (Steta or Foreign Country) ryland
ore, Maryic	8a-f show	Director	10a. Stata 10b. County Maryland Washington		Town or L					10d. insida City Limits 1 ☐ Yas 28≦ No
	be filed within 72 hours efter death with the Marylan ital Hyglene. d other than "natural", or flems 23s or 28s-f show event, the Medical Evanther must be northed at	by Funeral Dire	1 Never Married 2 Married 1	/as Decedent Evar in U,S rmed Forces? □ Yes 2 ☑ No Yas, Give	S. 13.	10f. Zip Code 2174(Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☒ No	Hispanic Origin? ean, Mexican, Pu	(Specify Yes or No- erto Rican, atc.)	U.S.A. 14. Race - An Biack, Wi	naricen Indian, nite, etc.
	ithin 72 hourse. e. an "natural". Medical Ex	Completed b	15. Decedent's Education (Spacify only highast greda com	aar or Dates:	16e. Dece (Give life.	dent's Usuei Occu a kind of work done DO NOT use retire	petion	working	16b. Kind of Busines	
	be filed ntal Hygi of other event, 1	To Be Con	0-12 17. Father's Neme (First, Middle, Last) Milton H. Roy	1	1	homemaker		Name (First, Middla, I Rertha L		
	1 end 2 Health a em 27 ls		19e. Informent's Name/Reletionship (Type, Programmer) Mrs. Evelyn J. Drury 20a. Method of Disposition 1 Burlai 2 © Cremation 3 Remove 4 Donation 5 Other (Specify) 21. Signeture of Financial Service Location	y/daughter	1201	1 Smithfi osition (Neme of metory or other ple wn Cremat 2. Name and Addre	eld Far	8-31-96	Agerstown, 20c. Location - City of Hagerstow Ineral Hom	Maryalnd 21 or Town, State
	Physician /Medical Examiner		23a. r art1. Enter the disease, or complication shock, or heart failure. List only one caulimmediata Cause (Finel disease or condition resulting in death)	is thet of sed the death.	Do not en	ner the mode of dylin		diec or respiratory erro	est,	Approximate interval Between Onset and Death
8/60,	certificate be executed Iding physician end Ise as the bunel-transit	dical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	Due to (or a			1 Mil	hae j	failur	
O. Box o	the deeth y the etter iched for u	Physician/Medi	d	ng to death but not result	ing in the u	nderlying cause giv	ven in Pert i.			te to the cause of death?
ecords, P.C	S S CA	Completed by Pl	publis na	uus pe	luc	June	lure	24a. Was a	n eutopsy 24b	Were autopsy findings available prior to completion of cause of death?
n or vital	To the Hospital or Attending Physician: The law within 24 burus after death. To the Funeral Director: After this certificate has to completely tilled in by the funeral director, page 2 s	To Be	25. Was case referred to medical axaminar? 1 Yes 2 No Hospite 27. Manner of Deeth 1 Entatural 5 Pending	1 □ Inpatient 2 □ El	R/Outpatier 8b. Tima of injury		er: 4 Nursing	1 □ Ye Deeth (Check only only 1 Home 5 □ Reside 28d. Describe ho	nce 6 Other (Sp	1 Yas 2 No
DIVISION	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident investigation	D. Place of Injury - At hom building, etc. (Specify)			Yes 2 No	28f. Location (Str. City or Town	eet end Number or F Stete)	Rurel Route Number,
	o the Hospit ithin 24 hour o the Funera ompletely fill	Medical	29e. Certifier (Check only one) 1 Certifying Physician: 2 Medicat Examiner: Or an 29b. Signeture and title of certifier	To the best of my knowin the basis of examinetion and mennar stated.	edge, deeth n end/or inv	occurred at the tirvestigetion, in my o	pinion, deeth oc	curred et the time, de	use(s) and manner at te and piece, and du	e to the cause(s)
)	F 3 F 8		30. Name and address of person who complete	ed cause of death (Item 2	За) (Туре,	0	3665	5	8/3/196	7//^
	Stat Registra	_	31. Dete filed (MoStrEtay, 0°3 1996	of Footstate Signature	escare .	Horge	881100	or w		140

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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			Carrott County
	Funeral		5. Social Security Number 6. Se
	Director Maryland Worked at		192-20-7728
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	/len		10e. Stete 10b. County
	a-f sh	ctor	Ransylvania Dauphi
	E 28	i e	10e. Street end Number
	th with	raiD	550 W. Market Str
	8 8	De	11. Marital Status
0	a k	F	1 Nevar Married 2 Married
00	ours .	by	3√2 Widowed 4 □ Divorced
15-6	netu Ocea	etec	15. Decedant's Ed (Specify only highast grad
212	1 and 2 should be filed within 72 hours after death with death and Mental Hygiene. Into 27 is marked other than "natural", or frame 23a or ther traumatic event, the Medical Examinat must be a	Be Completed by Funeral Director	Elamantary/Secondary (0-12)
P	真玉色	9	17. Father's Name (First, Middla, Last)
ylar	Menta Menta rked ric ev	ToB	John Murray
a	S DE E		19e. Informant's Name/Ralationship (7
Z	and 2 alth a 27 ls		Doris K. Jennings
Baltimore, Maryland 21215-0020	Pagas ent of mt: If its ry or o		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specify
Balt	permit. Pa Departmen Important: any Injury		21. Signature of Funeral Sarvice Licens

Physicia /Medic		DOROTHY	KATH	+RYP	1211	ME	RHAN	2. Data of Dea	S Day	Year	3. Time of Death
Examin	_	4a. Facility Nama (If not institution, giv	e street and number)			4b.	City, Town, or Lo	ocation of Deeth	4c. County	of Death	
		Carroll County	General Ho	spital			Westmin	ster	Car	rroll	
Funeral Director		192-20-7720	DA OFF	a (In yrs. last biri	Yrs. If Unda Months		If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day Feb 10	, Year) , 1919		ce (Stata or Foraign y) /lvania
w.		Usual Rasidance of Dacedant 10e. Stete 10b. County		10c. City, Town	n or Location					100	d. Inside City Limits
with the Maryland a or 28a-f show Lea notified at	ctor									1 ☐ Yas 2 No	
# 9 F	Dire	10e. Street end Number			10f. Zi	p Coda			10g. Citizen of		13
ms 23a	rai	550 W. Market St	reet				17098			SA	
urs o	by Funeral Director	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yas 2 ☐ N If Yes, Giva Year or Dates:		13. Was Dece If Yas, spe		panic Origin? (Sp Maxican, Puarto Specify:	ecify Yes or No- Rican, atc.)	14. Rad Blad Specify	ce - Amaricar ck, Whita, at Wh	
be filed within 72 hours tal Hygiene. d other than "natural", event, m. Medical Ex	Completed	15. Decedant's Ec (Specify only highast gra Elamantary/Secondary (0-12) 12	ducation ida com <i>pleted)</i> Collega (1-4or 5		Decedant's Usu (Giva kind of willia. DO NOT u	ork dona du sa retired)	on ring most of work	ing	16b. Kind of B		shions
tal H d out	To Be C	17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme							ne)		
	-	19e. Informant's Name/Ralationship (Type, Print)	19b.	. Mailing Addras	s (Street an	nd Number or Rur	al Route Numbe	r, City or Town,	State, Zip C	code)
1 and 2 Health a am 27 is		Doris K. Jenning	s- daughte	er 2	108 Woo	dview	Rd, Fin	ksburg,	MD 210	48	
0 = 0		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Specif		cemetar	Disposition (Na y, crematory or oll Cre	other plece)	1	Date 9/1	20c. Location	city or Tow	
permit. Pagas Department of Important: If it any injury or once.		21. Signature of Funeral Sarvice Licer	1See D	cal	22. Nama a	nd Addrass	- 4 PT - 1919	line Fur	neral H	ome	
		23a. Part1. Enter the disease, or com shock, or haart failura. List only	plications that caused ona causa on each Ilr	the daath. Do r	not antar tha mo	de of dying,	such es cardiec	or respiretory ar	rest,	1	Approximata ntarval Between
Physician / /Medical Examiner		Immediate Cause (Final disaasa or condition rasulting in death)	. co	igest	ine	He	art	Faile	ue	6	Onset and Death
	iner	assumy in seating	isc	lieun	c a	nde	Long	pal	Ti.	6	wos.
be axecut clan and burial-tran	al Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaase or injury that initiated events	. Rev	Due to (gras a c	consequence of) WA	elli	eence		8	6	, mes
eeth certificate be axecuted attending physician and I for use as the bunel-transit	clan/Medical	that initiated events rasulting in death) Last	· Con	994 U	onsequence of	D.	Hep	To po	ette	6	wes
		Part li. Other significant conditions o	ontributing to death bu	ut not resulting in	the underlying	cause aiven	in Part I	236 Did t	obacco usa co	entribute to t	he cause of death?
ires that the death signed by the atter d be detached for	by Physi	Peripho	ωl	Vosu	lon	dis	eose	100		3 Proba	
requ	Completed b	Insulu	in d	e peu	dent	4	Labell	24a. Was a perfor	an autopsy med?	avsii	autopsy findings able prior to pletion of cause eath?
		25. Was casa rafarred to medical	us	()				1 🗆 Y		10	Yes 2000
ysician: is certific director,	To Be	axaminar?	Hospital:	nt 2□ ER/Ou	tpatient 3□ D	Other	26. Placa of Daat	me 5□Rasid		or (Canolis)	
a Phy er this		27. Mannar of Death	28a. Data of Injur	y. 28b. T		28c. Injury a Work?		28d. Describe h			
ath. r: Aft	atio	2 Accident 5 Panding invastigation	(Month, Day	7 10ar) II	njury M		as 2 🗆 No				
af or Atte	Certification:	3 Suicide 6 Could not be datarmined	28a. Place of Injubuilding, ato	ury - At homa, fe	rm, streat, fector	ry, office		28f. Location (S City or Tow	Street and Numl n, Stata)	ber or Rural i	Routa Number,
	edical C	29a. Cartifier Check only 2 Hadical Exam	ysician: To the best of niner: On the basis of and mennar sta	axamination and	, daath occurred d/or investigation	at tha tima, n, in my opin	, data and place, nion, daath occur	and dua to tha cred at the time, c	causa(s) and modata and place,	anner as sta and dua to t	ed. ha cause(s)
ro th rothin compl	ž.	29b. Signature and whe of certifier			29	c. Licansa r	number	1	29d. Date signe	d (Monte, D	ty, Year)

State Registrar

31. Deta filed (Month, Day, Yaar) SEP 0 3 1996

32. Pegistrer's Signatura

Division of Vital Records, P.O. Box 68760,

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 27714 ITEM#8 g739 9/18/96ag perFH Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Brown 8:00 Pm 15 September 4a. Facility Nama (If not Institution, giva straet and numbar) 4b. City, Town, or Location of Daath 4c. County of Daath Baltimore City If Undar 24 Hrs. 8. Data of Birth 7. Aga (In yrs. last birthday) Union Memorial Ma If Undar 1 Yaar 8/19/459. Birthplaca (Stata or Foraign Country) S. CAROLINA 5. Social Sacurity Number 6. Sax 1□ M 2□ F Days Months Hours 248-72-4453 51 Yrs. Usual Rasidance of Dacadani 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Nos 2 No n/a BALTIMORE

the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 72 hours after altimore, Maryland 21215-0020 filed within 7 I Hygiene. other permit. Pages 1 end 2 should be fill.
Department of Health end Mental Hy
Important: If Itam 27 is marked oth
any injury or other traumatic even

Physician

/Medical

Examiner

Funeral

Director

Ko

10a. Stata

Physician /Medical Examiner

The lew requires that the death certificata be axecuted g physician and as the burial-trans Box 68760, for use es P.O. signed by the a Records, page 2 should b Division of Vital or Attending Physician: As efter dea. this

Director MD 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 21213 3210 LAKE AVENUE UNITED Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas ②CNo If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Navar Marriad XX Married 1 Yas 2 (N) Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 15. Decedent's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Spacify only highast grade complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) TRACTOR TRAILER DRIVER EDGEMERE TRAILOR CO.) 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be DAVID BROWN CORNIE 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) AVENUE, BALTIMORE, MARYLAND BURROUGH BROWN 3210 LAKE BEATRICE 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ⊠ Surial 2 □ Cramation 3 □ Ramoval from State 9 - 21KING MEMORIAL PARK RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 22. Nama and Addrass of Facility WM. C. MARCH FH.-1101 E. NORTH AVENUE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. multi-organ System failure
Due to (or as a consequence of) Immediata Cause (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Diseasa or injury that initiated events rasulting in daath) Last Due to (or as a consequence of) Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. þ Completed Be 25. Was casa rafarred to medical axaminer? 26. Placa of Death (Check only one) P 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 1. Natural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 Suicide 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifiar Medical

10 days 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 10 Yas 2 No 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how Injury occurred 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number
AT 2438946 29d. Data signed (Month, Day, Year) September 15, 1996

STATES

Approximata Interval Batween Onsat and Death

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State Registrar

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within 2

RONG ZHANG - HOWARD, 31. Data filed (Month, Day, Yaar)

(Check only one)

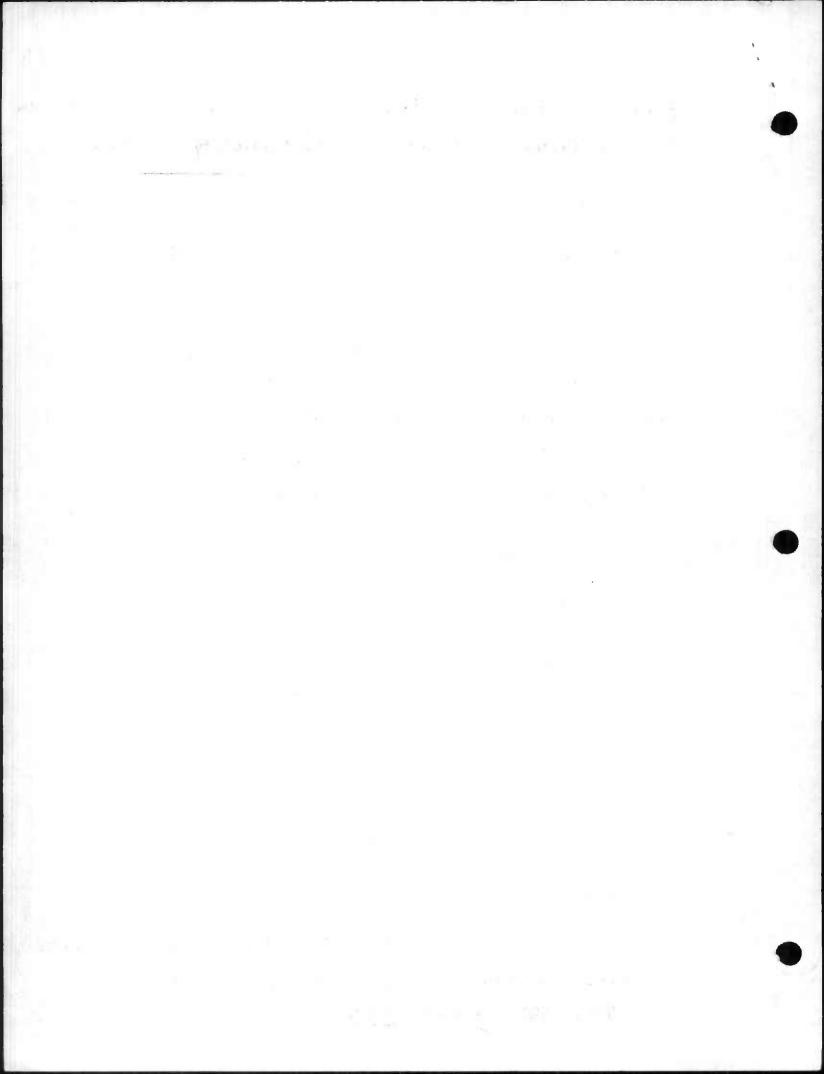
29b. Signature and titla of certifiar

Umon memorial Hospital mp. 32. Ragistrar's Signatura who Davidson-Randolle

Howard mD

30. Name and edgess of person who complated cause of death (Item 23a) (Type, Print)

the Hospital 24 hours



DIVISION OF VITAL RECORDS, P.O. BOX 6876

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
val.	To filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	TOATHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 6876.

should

96 27715 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Dorothy 7:15 A. Baker September 1996 16, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) B BIFTHPI ACE (State or Foreign IF UNDER 1 YEAR IF LINDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year HOURS 182-30-8985 1 M 2 XF 86 YRS. August 24,1910 PA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH 3932 Grantley Road DIRECTOR Baltimore N/A RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3932 Grantley Road 21215 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
It yes, specify Cuban, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried FORCES? 1 YES 2 BY 3 XWidowed 4 Divorced Black. COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Licensed Practical Nurse Health Care 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 17. FATHER'S NAME (First, Middle, Last) Perry Dorsey Elizabeth Davidson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Lois Barber 3932 Grantley Rd. Baltimore, Md. 21215 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Depetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION — City or Town, State McKeesport/Versailles Cem. 9/20/96 McKeesport,PA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York Rd Ruck Towson Funeral Home, Inc. Towson, Md. Come 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Carrer lours CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Nune 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO UNCERTAIN TO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 N Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end manner es stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. 6.9 D1809

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rudikoff, M.D. Michael 222 W. Cold Spring Lane

Baltimore, Maryland

31. DATE FILED (Month, Day, 1667) SEP 18 1996 32 MEGISTRAR'S ANALES DE

29b. SIGNATURE AND TITLE OF CERTIFIER

2

Nobel That

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RECORDS	
OF VITAL	
DIVISION	

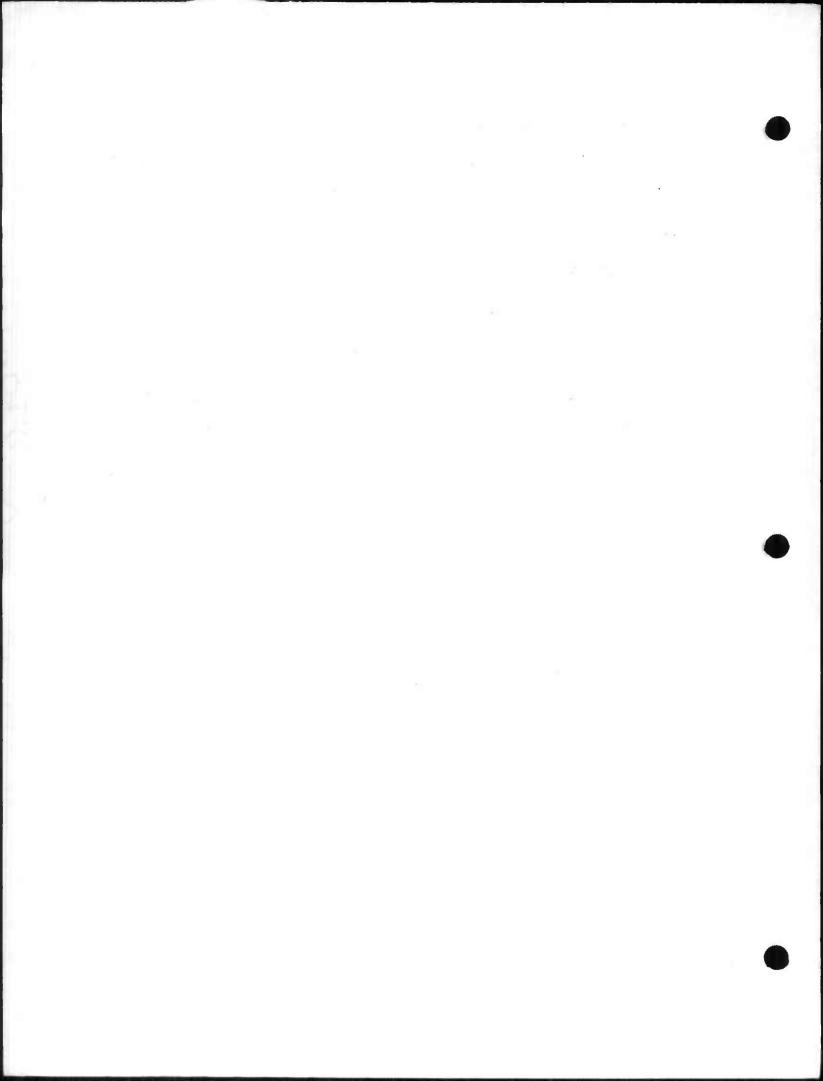
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without hearth for the form. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	O	F DEAT	H		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF HEARTIFICATE OF DI	- 4304	YGIENE EG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last) Carl Houston B:	ranch, Sr.		2. DATE OF D MONTH Sexten	EATH NAV VEAR					
	4. SOCIAL SECURITY NUMBER 215-12-2879	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1								
SR	Union Memorial	,	Baltimor		9c. COUNTY OF	PEATH				
ECT	RESIDENCE OF DECEDENT 10e. STATE / 10b. COUNT	y / 1	BG. CUPY, TOWN OR LOCATION			10d. INSIDE CITY				
L DIRECTOR	MARUAND N 100. STREET AND NUMBER	ARYLAND N/A BALTIMORE								
FUNERAL	3300 Benson	Avenue Aut	1.410	21237	Tog. Circles of	S. A.				
J.	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. KRMET FORCES? 1 YES 2 NO	13. WAS DECEND	ENT OF HISPANIC ORIGIN? (Sp Cuben, Mexican, Puerto Ricen		CE — American Indian, ack, White, etc.				
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		NO Specify		octivBIACK				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give I	DENT'S USUAL OCCUPATION kind of work done during most of NOT use retired.)	working 16b. KINI	O OF BUSINESS/INOUSTRY	2				
MPL	4	College (1-4 or 5+) MAC	Rinist	Co	CA COLA	· (0,				
	17. FATHER'S NAME (First, Middle, Last)	Rose	16.	MOTHER'S NAME (First Moor	Meder Surrages)					
BE	190.,INFORMANT'S NAME (Type/Print)	JAHACH 19b. N	IAILING ADDRESS (Street and N	Sumber or Rural Route Number 5	ne) Hu	05m				
5	CARlettA E	Spanch 24	+15 West	wood Are.	Kall	emd 2/246				
	20s. JETHOD OF DISPOSITION 1 Fluriel 2 Cremetion 3 Hem	novel from State 20b. PLACE AND	DATE OF DISPOSITION (Name of other place)	La alia	LOCATION — City or	Tolorn, State				
	4 Denergon 5 Other (Specify)	CANEER V	2 NAME AND	DOBESS OF FACILITY	GARRISON	LIDA				
	Denia Cis	land fores	11101 50	att w. Jor	res JRIF	m1 21219				
	23. PART i. Enter the diseases, or	complications that coused the death List only one cause on each line.	n. Do not enter the mode	of dying, such as cardiac	or reapiratory arrest,	Approximate				
	IMMEDIATE CAUSE (Final	4	· · · · · ·)		Onaet and Death				
	reaulting in death)	disease or condition a. Myo cardial mfarction DUE TO (OR AS A CONSCOUENCE OF):								
N	Sequentially list conditions	10 year								
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. Thurb 3 clerotic due as e. DUE TO (OR AS A CONSEQUENCE OF): M. D. D. S. H. D. D. D. S. H. D. D. D. D. D. D. D. D. D. D. D. D. D.									
DE	CAUSE (Disease or injury that initiated events	DUE-TO (OR AS A CONSEQUE	ENCE OF):			36 years				
CERTIFICATION	resulting in death) LAST	d								
AL		na contributing to death but not resu		uae given in Part I. 24a	WAS AN AUTOPSY 2 PERFORMED? 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
PHYSICIAN: MEDIC	Diabeteus	Mallitus		1	YES 2 NO	OF DEATH?				
2	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEATH	YES NO NO	UNCERTAIN IZ		1 TYES 2 CHIO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE C	OF DEATH (Check only one)							
YSI	1 TYES 2 10	HOSPITAL: 1 Unpatient 2 ER/Outpatient 3		☐ Residence 6 ☐ Other (Sp						
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Bb. TIME OF 1NJURY WORK? M 1 YES		BE HOW INJURY OCCURED					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, building, etc. (Specify)		281. LOCATIO	N (Street and Number or Run wn, State)	el Route Number,				
ETE.	4 Homicide datermined			-75						
COMPLETED		SICIAN: To the best of my knowledge, death ER: On the beels of examination end/or inve				e(e) end menner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Samara, M	D . 29	C. LICENSE NUMBER	29d. DATE SIGN	ED (Month, Day, Year)				
5		HO COMPLETED CAUSE OF DEATH (ITEM 2	T) (Type, Print)			110/10				
	Waiel	Samara,	Union	Memor	ial H	ospital				
	31. DATE FILED (Month, Day, Year)" SEP 1 8 1996	Julia Savidson-Randell				,				
	W 1930	4								



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State of Maryland / Department of Health and Mental Hygiene

27717

MARYLAND 21222

				State of Mary		rtificate			ilia iv	TOTAL	, 0	g. No.	70	G 1 1 1 1	
	Physic /Medi		Dacedant's Nama (First, Middla, Last LILLIAN GIMBER BU							Mor		Day ER 14.	Year 1996	3. Tima of Death 11:00 A.	
	Exami	ner	4a. Facility Nama (If not institution, giva	street and number)				4b. City, Tov	vn, or Lo	ocation o	f Death	4c. Count	ty of Death		
			LORIEN FRANKFORD N					Ba!ti		_		N/			
al I	Funeral Director		220-12-0131	7. Aga (In M 24 85	yrs. last birthday) Yrs.	if Undar 1 Months	Days	If Under 2 Hours	Min.	8. Date (Moi JAN	of Birth oth, Dey, 19,1	Year) 1911	9. Births Cour PEN	place (Stata or Foreign http:) NSYLVANIA	
	and **		Usual Rasidence of Dacedant 10a. Stata 10b. County	10c	. City, Town or Lo	cation							1	Od. Insida City Limits	
	fand fahe	0	MD N/A		ALTIMORE								_	1 X Yas 2 □ No	
	198 Trough	rect	10e. Street and Number	1 2	THE THORE	10f. Zip C	Coda				10	0g. Citizan of	What Cour	ato/?	
	With With	ā	1908 CASADEL AVENU	वा			123	0			"		S.A.	idy i	
	Jeath 2	Funeral Director	11. Marital Status	12. Was Decedant Evar	In U,S. 13. 1				in? (Sp	ecify Yas	or No-		ice - Amaric	an Indian.	
020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show ideal Examiner must be notified at	by	1 Navar Marriad 2 Married 3 X Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas:		Was Decede t Yas, specif 1 ☐ Yas 2〔			, Puàrto	Rican, a	tc.)	Speci	ack, Whita, lfy: W	etc. HITE	
2-0	72 ho	ted	15. Decedant's Edu	cetion	16a. Dece	dant's Usual	Occup	ation	of words	la a	1	16b. Kind of I	Businass/In	dustry	
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21		Co	12TH GRADE		MEDIO	CAL SE	CRE							PRACTICE	
pu	S T D A	Be	17. Fathar's Nama (First, Middla, Last) CHARLES LEISTER G	IMDED				18. Mothar			Middla, N	Aaidan Suma	ma)		
Z		2													
, Maryland 21215-0020	nd 2 salth ar 27 ls r trau		19a. Informant's Name/Ralationship (Type, Print) PATRICIA M. BEMKEY (DAUGHTER) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State 232 STEVENSON LANE -BALTIMORE, MD 2												
Baltimore,		9	20a. Mathod of Disposition 1 Buriai 2 © Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cematary, cramatory or other place) CHESAPEAKE CREMATORY, INC 9 17 96 BELTSVILLE												
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	1 1		30. Nama and addrass of person who co	implated causa of death (Itam 23a) (Type,	Print)						/	1		

DR. FREDRIC S. SIRKIS - 7151 HOLABIRD AVENUE - BALTIMORE,

State Registrar 31. Date filed (Month, Day, Yaar) SEP 18199

State of Maryland / Department of Health and Mental Hygiene

27718

					Cei	rtificate of	Death		Reg. No.	50	C. 1110	
Physici	20	1. Decedent's Name (First, Middle, L	ast)					2. Date of De	ath	Veer	3. Time of Death	
/Medic		August	Bitter					Septemb	er 12,	1996	6:05 am	
Examin	er	4e. Facility Name (If not institution, g		*				Location of Deeth	1	y of Deeth		
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A 10		Usuel Residence of Decedent . 10a. State 10b. County ,		10c. City, To	wn or Lo	cation				1	10d. Inside City Limits	
28a-f sho	Funeral Director	Maryland 10e. Street and Number	4		timo	re		T			1)X Yes 2□ No	
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rked tic e	ToB	August M. Bit	ter, Sr.				Agnes	Campbel	1			
m 6		19a. Informant's Name/Relationship Arlene Smith (Da						Nural Route Number			and 21220	
Important: If item 27 I eny injury or other tre once.		20a. Method of Disposition	7	0.0000.01	of Dispo	sition (Name of netory or other pla	ice)	Date	20c. Location	- City or To	own, State	
ant: If		1 X Burial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Spec	⊒Removal from Steti ify)	6		Cemeter	,	9/14/199	6 Balt	imore	co. Md.	
importi eny ini once.		21. Signature of Funeral Service Lice	99/	//	22	. Name and Addre		3				
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		23a. Part 1. Enter the disease, or con shock, or heart failure. List or	plications that cause	ed tha death. Do	not ente	er the mode of dyl	ng, such as cardle	ac or respiratory ar	rest,	1100	Approximate Interval Between	
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datached	hys	Part II. Other significant conditions	contributing to death	but not resulting	in the ur	iderlyling cause gr	ven in Part I.		1		the causs of death?	
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ngis un	8							24a. Was	an autopsy		are autopsy findings	
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page 2	Completed							101	es 25 No		Yes 2□ No	
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5 76	Ë	27. Manner of Death	28a. Date of Inj (Month, Da		Time of	28c. Inju		28d. Describe h			<i>''</i>	
the fune	atio	1 Natural 5 ☐ Pending Investigation		ay rear)	Injury		Yes 2 No					
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comp		29b. Signatura and title of certifier				29c. Licans			29d. Date signe	ed (Month, I	Day, Year)	
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2		30. Nama and addrass of per of who completed causa of death (Item 23a) (Type, Print) MYO THAN 6830 HOSPITAL DRIVE, STE 206 BAUTO, MD 21237										
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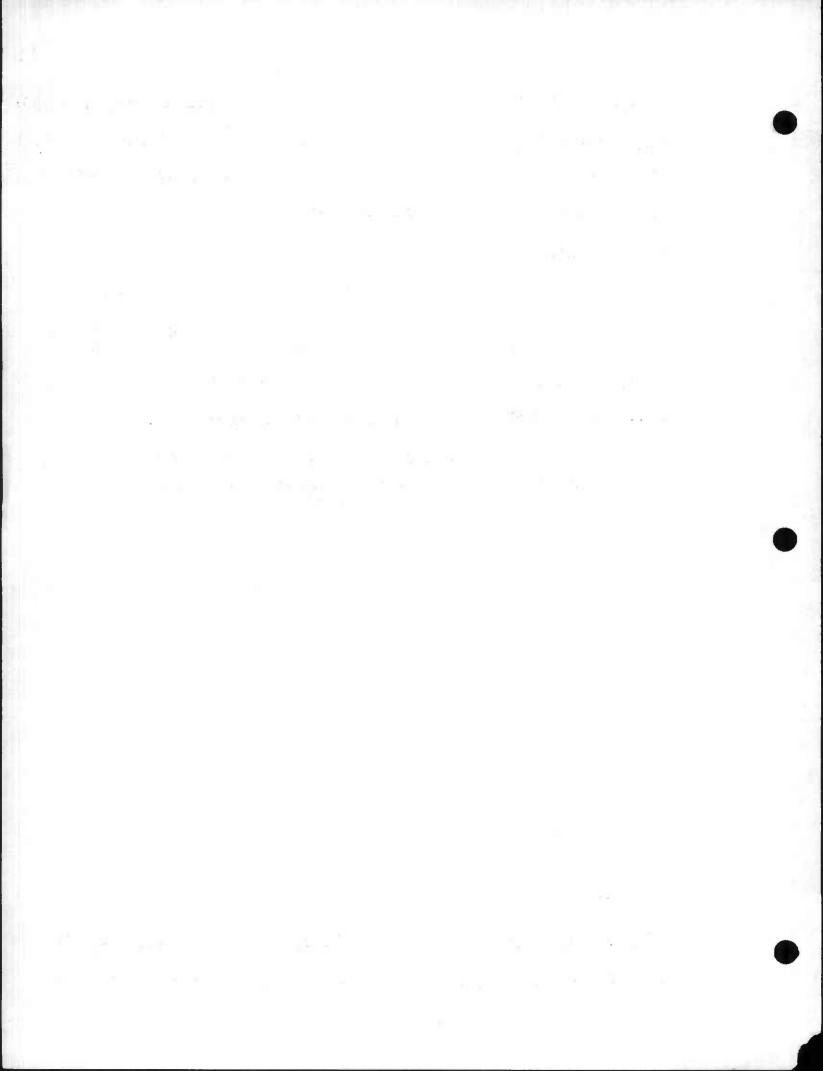
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

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30. Name and address of persprisho completed cause of death (Item 23e) (Type, Print) David R. Yu, MD, Tower 110, Johns Hopkins Haptal, Baltimore, MD 21705 State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture		o the	Me		one memor ste			29c. Licens	se number		29d. Dete signe	ed (Month, E	Dey, Year)
State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture	-	FSFO		David Ry	MD			NIC	70L		Septem	ber 5	1996
State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture		12	1	30. Name and address of person who	completed cause of de	ath (Item 23e)	(Type, Pr	rint)	,) (
State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture	Same	11		G		14 -	1	11 010	ins Ha	otal. B	9 1 timore	Mo	21205
				31. Dete filed (Month, Dey, Year)	32. Registre	-			1.1.1	1		1	

DHMH 16 Ray 6/95



			Certificate of Dea		, ,	g. No.	20	C. 116
	Physici	an	Decedent's Name (First, Middle, Last)		Dete of Deeth		Year	3. Time of Deeth
	/Medi		Lawrence William Baier Sr.	S	ept.	14, 1		4:00 am
	Examir	ner		City, Town, or Location	on of Deeth	4c. County	of Death	
				oundalk_			timor	
	Funeral Director				Dete of Birth Month, Day, one 8	Year) , 1933		yland
	w m		10e. State 10b. County 10c. City, Town or Location				10	d. Inside City Limits
	Many I	to	Md. Baltimore Dundalk					1 Yes 2 No
	r 284	irec	10e. Street and Number 10f. Zip Code		10	g. Citizen of V	Vhat Countr	y?
	23a c	ai C	1731 Leslie Rd. 21222			US	A	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28af show any fujury or other traumatic event, the Modical Examiner must be notified at anone.	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 1 Yes 2 No If Yes, Give 1 Yes Option 1 Yes 2 No Sp. No	nlc Orlgin? (Specify lexicen, Puerto Rica pecify:	Yes or No- n, etc.)	Bied	e - America ek, White, et : Whit	c.
0	2 hou	pet	15. Decedent's Education 16a Decedent's Usuai Occupation	1	1	16b. Kind of Bu	ısiness/Indu	istry
21215-0020	e. Pn n	Completed	(Specify only highest grade completed) (Give kind of work done during life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+)	ng most of working				
2	ed wi	Con	12 yrs. Longshore			Marine		m.
and	be fit d oth d oth	Be		Mother's Neme (Fir			,	
7	d Men	10		Elizabet				
Maryland	d2sl than 7 is n		19e. Informent'a Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Nary Evelyn Baier wife 1731 Leslie					Code)
	Health Health Hem 27 other tra		20e. Method of Disposition 20b. Place of Disposition (Name of			20c. Location -		m, State
OE .	Pages nent of h int: if its		1 Buriai 2 Cremetion 3 Removel from State Cemetery, cremetory or other place) 4 Donetion 5 Other (Specify) Metro Crematory	9-	17	Baltin	nore	
Baltimore,	Department important any injure		21. Signature of Funeral Service Licensee 22. Name and Address of Connelly	Fecility				lk
	_	Н	7110 Sol.	lers Po	int R	d. 212		Approximete
	Physician /Medical Examiner		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, sur shock, or heart fellure. List only one cause on each line. immediate Cause (Finei disease or condition resulting in death)				1	nterval Between Onset and Deeth
	3111	Jer	Due to (or es e consequence of):					
	outed nd nansit	amir	Sequentielly list conditions. Due to (or es e consequence of):					
ó	e axe ian ar urial-ti	Ex	Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury c.				1	
68760,	tificate be axecuted in physician and as the burial-transit	Physician/Medical Examiner	thet initieted events resulting in deeth) Lest Due to (or es e consequence of):					
9 X	₽ O @	ЛМе	d					
Bo	atten after I for u	ciar		1477				
P.O. Box	the d	hysi	Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in			bacco uee cor ne 2□ No		the cause of death?
o,	s that pned to se det	by P	Congestine Heart Failure, Cloriosis of			2010	3 7 7 7 7 7	ibiy 4M olikilowii
Records,	The law requires that the death cer tie has been signed by the attendir page 2 should be detached for use	Completed I	Congestine Heart Failine, Climosis of Liver.		24e. Wes ar perform		eval	e eutopsy findings lebie prior to pletion of ceuse seth?
Ä	sician: The law certificate has b lirector, page 2 s	mo			1□ Ye	s 2 1 No	1 🗆	1
Vita		Be C	25. Wes cese referred to medical 28.	. Piece of Deeth (Ch	neck only one	9)		
>	Physician: this certific	To	exeminer? 1 Yes 2 No	4 ☐ Nursing Home	5 Reside	nce 6 Oth	er (Specify)	
vision	oding Pr sth. r: After tr e funera		27. Menner of Deeth 1 Deeth 1 Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of injury et Work? 2 Accident investigation 28c. Injury et Work?		Describe ho	w injury occurr	red	
SIM C	al of Atte	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Piece of injury - At home, ferm, etreet, fectory, office building, etc. (Specify)		Location (Str City or Town		er or Rurel	Route Number,
Q	Fund Fund Johnly III	edicai	29a. Certifier (Check only one) Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, de composition on the best of exemination end/or investigation, in my opinion end manner stated.	dete end place, end o on, deeth occurred et	due to the ce t the time, de	use(s) end me ite and piece, i	nner es ste and due to t	ted. he ceuse(e)
	Within To III	Me	29b. Signeture end title gloeptifier 29c. License num			d. Dete signed		**
	/		Volent feel to, us. Da	2146v		9/	17/8	5
•	15		30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3508 BAWK ST. BALTO, 21224	n. Rober	et LI	BERT	6	
	Sta Registr		31. Dete filed (Month, Day, Yeer) - 32. Registrer's Signature	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

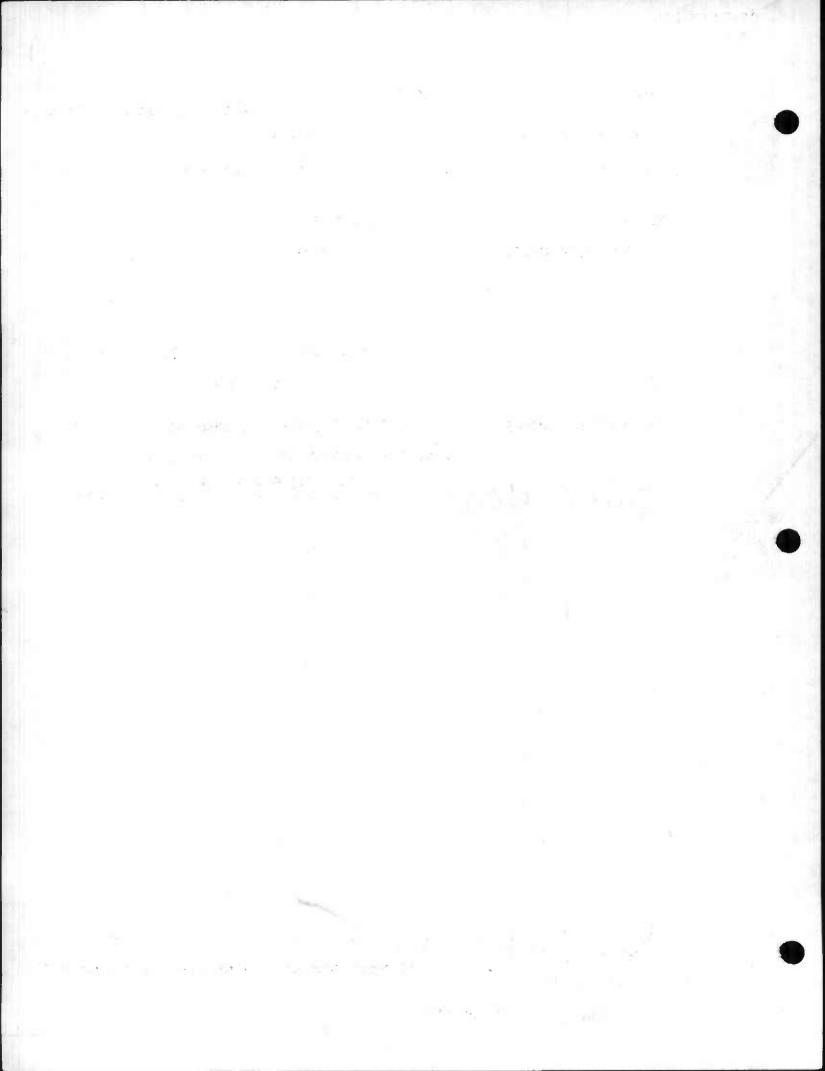
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

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96	La	1	1	2

							rtificate of	Death		Reg. No.	50	41121
в	Physic	ian	Decedent's Name (First, Middle LLOYD	, Last)		COOK			2. Date of De Month	eath Day	Year	3. Time of Death
	/Medi	cal							SEPT	11 19		6:16 7
	Exami	ner	4a. Facility Name (If not institution, 2640 RIDGE)	give street and numb LYST.	oer)			4b. City, Town, or BALTIMO		4c. Count		
ŀ					Age (In yrs. i	formet finissterner al.	If Under 1 Year			41	N/A	
	Funeral Director		217-18-1222 Usuel Residence of Decedent	1 D M 2□ F	98	Yrs.	Months Days			1898		Ce (State or Foreign
	dand dand		10a. Stata 10b. County		10c. City	, Town or Lo	cation				100	d. Inside City Limits
	Man	to	MARYLAND	I/A			BALTIMO	RF				1X Yes 2□No
	or 28	irec	10e. Street and Number				10f. Zip Code	/		10g. Citizen of	What Country	y?
	th wi	ai	2640 RIDGLEY	STREET				21230			U.S.A.	
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show important: if item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Modical Evant en must be notified at ODGs.	by Funeral Director	11. Maritei Status 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decade Armed Force ad 1 Yes 2, If Yes, Give Year or Deta	es? ☑ No		Was Decedent of I I Yes, specify Cub I ☐ Yes 2 No	Hispanic Origin? (Seen, Mexicen, Puer Specify:	Specify Yes or No to Ricen, etc.)		ca - American ck, White, etc y: BLAC	C.
0-10	2 hou	ted	15. Decedent	s Educetion		16a. Deced	lent's Usual Occu	pation		16b. Kind of B	usiness/indu	stry
21	e. an "n	Completed	(Specify only highest Elemantary/Secondary (0-12)	Grade completed) College (1-4)	or 5+)	(Give life, L	kind of work done OO NOT use retire	during most of wo.	rking			30/1
2	filed wi Hygien other th	Co	12	0			TRUCK	DRIVER			S BROT	HERS
Maryland	be fill	Be	17. Father's Name (First, Middla, L JOHN COO	*					me (First, Middle,		ne)	
ž	should be nd Mental marked o	To				F		ELLA	COOK			
Ma	d 2 sl th an 7 lar traur		19a. Informant's Name/Relationsh					and Number or Ru				
	Health Health Hem 27 Sther tr		CAROLE COOK (DA	UGHIER)	20b. Pl	ace of Dispo	sition (Name of	STREET	BALTIMOR	E, MARYL 20c. Location	AND 21	230
altimore,	Peges nent of lint: If its iry or o		1 ⊠ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Spi		te C6	emetery, crem	natory or other pla	œ) ERY 9/14	7.2			
	artme ortan Injur		21. Signature of Funeral Service L		OLL					BROOKLY	N,MART	LAND
ä	Depa Impo any Ir		V /2001	, Oct		E.	SLEL RKO	THERS FUN	VERAL HO	ME P.A.	AND OF	017
			23a. Part1. Enter the disaase, or o shock, or heart failure. List o	omplications that ceu	sed the death			W PLACE E				
	Physician		snock, or neart failure. List o	nly one cause on aaci	n ling.						In O	opproximate nterval Batween Onset end Death
ķ.	/Medicai		Immediate Causa (Final disease or condition	Arte	erioso	clero	tic Car	diovasc	ular D	isease	1	
	Examiner		resulting in death)	a	Due to (or	as a conseq	uence of):					
	po 45	ine		h								
o,	death certificate be executed e attending physician and sd for use as the burial-transit	edicai Examiner	Sequentielly list conditions, if any, laeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants	<u>.</u>	Dua to (or	as a consequ	uence of):					
68760,	hysici the by	dica	that initiated evants resulting in deeth) Last	C	Due to (or	as a consequ	ience of):					
	E 0 8	5		d								
Box	stendin for use	Physician/	Port II. Other classificant countries									
о. О.	res that the de igned by the a i be detached f	hys	Part II. Other significant condition	contributing to deatr	DUT NOT resul	iting in the un	derlying ceuse giv	en in Part f.		tobaccouaeco Yae 2□ No		ne cause of death?
	gned be de	by P							10	186 2LINO	3 Frober	bly 4 ☐ Unknown
Hecords,	law requires that the as been signed by th	Pe							24a. Was	an autopsy med?	24b. Wara	autopsy findings able prior to
ပ္ပ	as be 2 sh	pie								ECTION	comp of dea	letion of ceusa
r	0 - 0	Completed								es 2X No	1 🗆 Y	res 2 No
VItal	certificate rector, pag	Be	25. Was cese referred to medicel examiner?					26. Place of Dea	th (Check only o	na)		
0	Physician: rthis certific rral director,	2	1√2 Yes 2□ No	Hospital: 1 ☐ fnpa		R/Outpatient	3□ DOA Oth	er: 4 Nursing H	ome 5X Resid	lence 6 DOth	er (Specify)	
	e lu	Certification:	27. Manner of Death 1 Natural 5 □ Pending		njury De <i>y Year)</i>	28b. Time of injury	28c. Injur Wor		28d. Describe h	now Injury occur	red	
<u>s</u>	Attending or death. actor: After by the fune	Icat	2 Accident investiga 3 Sulcide 6 Could no	t he				Yes 2 □ No				
UIVISION	F # F C	E E	4 ☐ Homicide determin	ed 286. Place of	etc. (Specify)	na, farm, stre	et, factory, office		28f. Location (S City or Tow	Street and Numb m, State)	er or Rural R	oute Number,
	ours ours filled		29a. Certifier 1□ Certifying	Physician: To the bes	et of my knowl	lodge doeth	nonurrad at the time	an data and slave	and due to the			
	e Hos	edical	(Check only one) 2X Medical Ex	aminar: On the basis and manner	of axamination	on and/or invi	estigation, In my o	pinion, daath occu	rred at tha tima,	data and place,	and due to the	e causa(s)
	To the Hospital or within 24 hours effer To the Funeral Dir completely filled in	-	29b. Signature end title of certifier	12			29c. Licens			29d. Date signe	d (Month, Da)	y, Year)
			Wayne	mellow	L	SUS	0.0	.M.E	2	SEPT 1	1,199	ó
	10		30. Name and address of parson w	o complated ceuse of	daath (Itam 2	23a)] [T] p] , P	Penn S	treet,	Baltimo	ore, Ma	aryla	nd 21201
	Stat	e	31. Date filed (Month, Day, Year)		strar's Signatu	ra —						
	Registra	ar	SEP 1 8 1996	C'en Un was	n-ganda							



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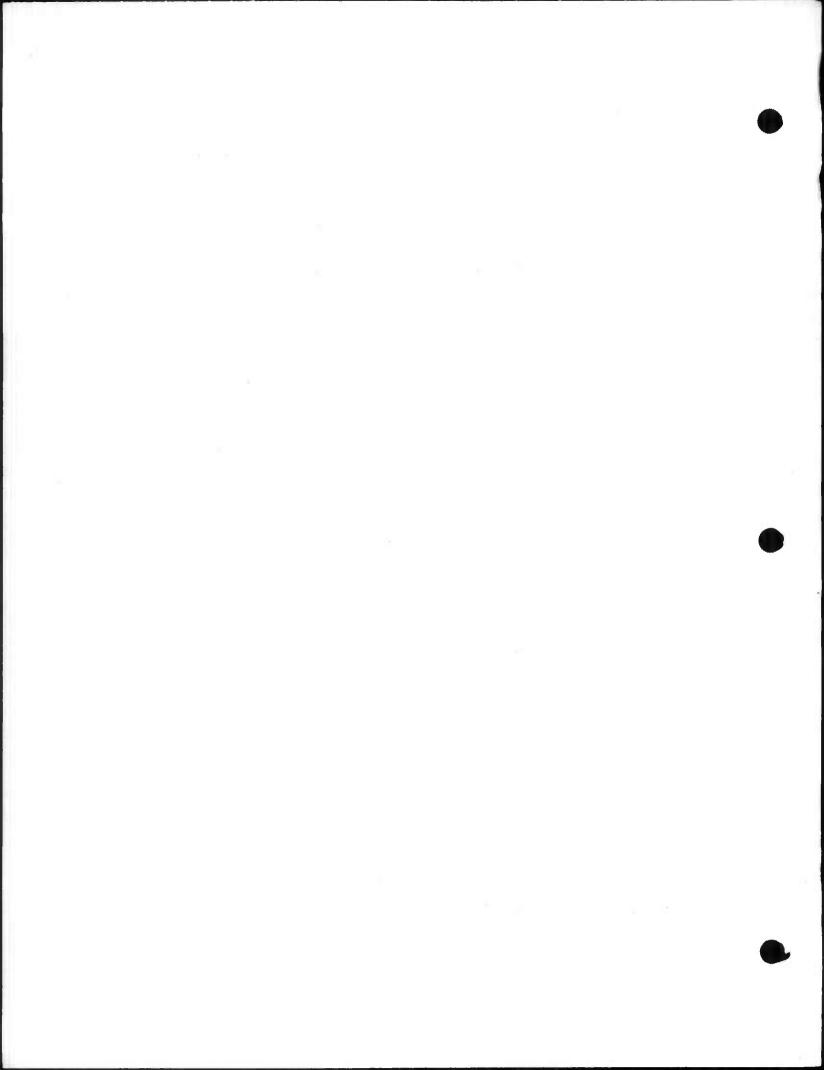
TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be formed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle,		2. DATE OF DEATH 3. TIME OF DEATH												
- 1	OLIVE	A	•	I	DUVAL	L				MC	NTE OF DEATH DA PTEMBER	15	1996	9:40 P M	
1	4. SOCIAL SECURITY NUMBER		. SEX	8. AGE (In	yrs. lest birth	day) IF t	INDER 1 YEAR	I IF UN	DER 24 HRS.	7. DA	TE OF BIRTH	1)		PLACE (State or Foreign	
	213-10-1782	1	□ M 2 Å F	98		S. MON				(M	onth, Day, Year) /15/18	9.8	Country MD.		
	90. FACILITY NAME (If not institution,	give street	t end number)			96.	CITY, TOW	N OR LOC	ATION OF D		, 13/10		NTY OF DE	EATH .	
5	Berlin Nursi							rlir					ces		
5	RESIDENCE OF DECEDER														
DIRECTOR		OUNTY			- 1		WN OR LO							10d. INSIDE CITY LIMITS?	
		Iti	more			Cato	onsv	<u>ill</u>)					1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER							101. ZIP C	ODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
里	413 J Caton							2122					S.A		
5	11. MARITAL STATUS 1 Never Merried 2 Merried		PORCES? 1	YES	2 2 NO		13. WAS D	ECENDEN specify Co	T OF HISPA	NIC ORI	GIN? (Specify Yes or No— 14. RACE — A Black, Wh			- American Indian, White, stc.	
BY	32 Widowed 4 Divorced		IF YES, GIVE W						O Speci				Specif		
	15. DECEDENT			140	6a. DECEDE	NT'S LIGHT	AL OCCUPA	MOIT			16b. KIND OF BUS	MIGAMA			
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	grade con			(Give kin	d of work of OT use reti	ione during	most of wo	rking		IOU. FURD UP BUS	mess/iNi	JUSTRI		
7	1.2	+			Home						Own H	ome			
OM	17. FATHER'S NAME (First, Middle, La	_			-101110	1101		18, M	OTNER'S N	AME (Fin	st, Middle, Melden S				
	Frank Svec				Anna						nknown				
BE													Code)	24603	
임	Ronald O. Du	val	1/Son										34691 iday, FL.		
	20a. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION AND DATE OF DATE OF DISPOSITION AND DATE OF DATE OF DISPOSITION AND DATE OF DATE														
	1 Burlet 2 Gremation 3 Removal from State Commeter, commet														
	21. SIGNATURE OF FUMERAL SERVI	CE LICENT	7 1												
	14/1W	X	trule	,			726	CTIL	ig As	SUC	on Fune	eral	. ног	ne, inc.	
	22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, 736 Edmondson Ave. Balto. MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Apr														
	Interval Between														
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ATHEROSCIENTIC CHAROVASCICAR DSE. UPTAS.														
1	resulting in death) THENDSCLENGTIC (HALXOVASCULAR USE. YEAR) DUE TO (OR AS A CONSEQUENCE OF:														
_	DUE TO (OR AS A CONSEQUENCE OF):														
ġ	Sequentially list conditiona, it any, leading to immediate	4-	DUE TO	OR AS A CO	ONSEQUENC	E OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	<u> </u>												1	
틸	that initieted eventa		DUE TO	OR AS A CO	ONSEQUENC	E OF):							î		
	reaulting in death) LAST	d													
	PART II. Other algnificant cond	ditions c	ontributing to	death but	not resulti	ing in the	n underly	lna saus	a aluian In	Dort I			L		
EDICAL			and the same of the	dodin but	not regul	nry nr ur	o underry	my caus	e given in	Part I.	PERFORI	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											1 TYES 2	NO NO		OF DEATH?	
Σ	DID TOPACCO HEE CO	AITDIO	LITE TO CAL	UCE OF	DEATH	VEC F	7 110		LOPPET					1 - YES 2 X NO	
PHYSICIAN:	DID TOBACCO USE CO		UIE IU CAI		PLACE OF				CERTAI	NIX					
泛	EXAMINER?	H	OSPITAL:			QT	HER:								
¥	27. MANNER OF DEATH	11	28e. DATE OF			TIME OF	-			_	ther (Specify)	di seren a	NIACT.		
_	t 📉 Neturel 5 🗌 Pending		(Month, Da	ry, Ybar)	400.	INJURY		NJURY AT VORK? YES 2		284. (DEŞCRIBE NOW IN	JURY OC	CURED		
è l	2 Accident investigs 3 Suicide B Could a		28e. PLACE OF	INJURY —	At home, fa					281 1	OCATION (Street or	ad Alamba	or Primi C	usin Mumbus	
	4 Homicide 8 Could no determin		building,	etc. (Specify)		,				201. C	ity or Town, Stete)	ru number	ur munti Mo	rue Numbel,	
۳ ا	290. CERTIFIER 1 X CERTIFYING	DHA61~	N. To the house	t											
COMPLETED	(Check only MEDICAL EX													and manner es stated.	
- 10	29h MONATURE AND TITLES OF CER		3			garron, III (my opinion,				ere and piece, end				
띪	THE AND THE OF CER	I I I	1/11	15	77			10000000	46257	1111		29d. DATE STONED ASSPIRIT, Day, War)			
2	HAVE AND ADDRESS OF PERSO	N WHO C	OMPLETED CAUS	E OF DEAT	ATEN OF	-			402,37			- 7/	16/4	16	
EDWIN CASTANEDA, M.D. 314 FRANKLIN							E. SU	ITE	103	BER	LIN MD	2181	1/410	-641-0646	
			an andian												
31. DATE FILED (Month, Day, Year) 8 1998 32. REGISTRAR SPORGNATURE FORMALLS															



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

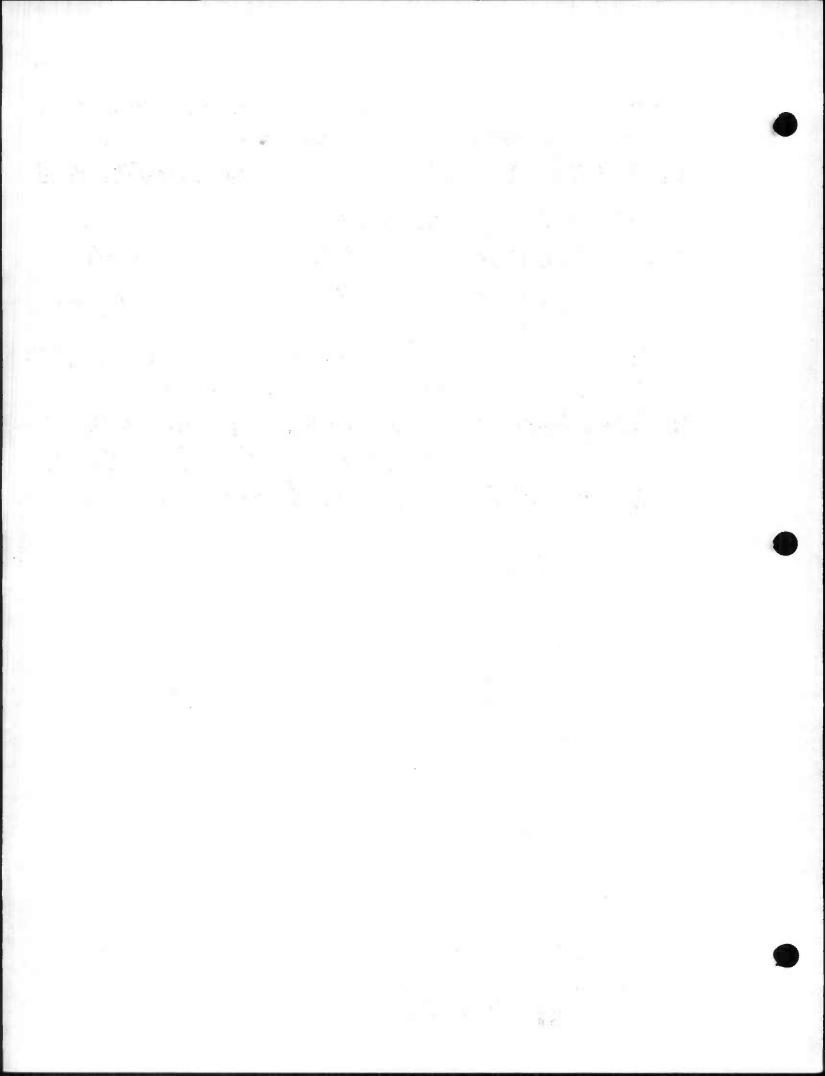
0	1.24 hours after death, Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
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	1. DECEDENT'S NAME (First, Midd								2. DATE OF DEATH		3. TIME OF DEATH				
	Ruth Mae Eide	n							September	15,19	96 12:15 I				
	4. SOCIAL SECURITY NUMBER	5. SEX		E (In yrs. last bi	-	UNDER 1 YEA		MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)				
	101-09-4448	1 🗌 M 2	**	79	YRS.					1917 N	country) iagara Falls				
<u>«</u>	9a. FACILITY NAME (If not institution		nber)		9b.		N OR LOCAT		EATH	9c. COUNTY					
DIRECTOR	Manor Care Ru						Towson	1		Balt	imore Co.				
EC	10e. STATE 10b.	COUNTY	-	- 1	10c. CITY, TO	WN OR LO	CATION				10d. INSIDE CITY				
	Maryland	Baltimor	re Co.				Towson	า			1 - YES 2 NO				
3AL	10e. STREET AND NUMBER						10f. ZIP COD			100	N OF WHAT COUNTRY?				
FUNER	3 Haddington							093			d States				
윤	11. MARITAL STATUS 1 Never Merried 2 Merri	FORCE	ECEDENT EVER S? 1 7 YES	S 2 NO	D	II yes.	specify Cub	en, Mexica	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No — 14	. RACE — American Indian, Black, White, etc.				
ВУ	3℃ Widowed 4 □ Divorced	IF YES	GIVE WAR OR	DATES		1 🗆 1	ES 2 XNO	Specif	y:	Specify: White					
ED	15. DECEDEN	T'S EDUCATION est grade completed)		18e. DECE	DENT'S USU	AL OCCUP	NTION most of work		16b. KIND OF BU	SINESS/INDUS	TRY				
LETEI	Elementary/Secondary (0-12)		I-4 or 5+)	life. Do	NOT use rec	ired.)	most of work	ng							
COMPL	12			F	Tame N	laker			Own	n Home					
8	17. FATHER'S NAME (First, Middle,	,					200		ME (First, Middle, Malden	Surneme)					
BE	Charles H. Mar								. Vicary						
5	19a. INFORMANT'S NAME (Type/Pr								Route Number, City or Tow						
	Joseph C. Eide	en (Son)	20					Jrive			, Pa. 15108				
	1X Buriel 2 Cremetion 3		tate Ce	emetery, creme	tory or other	place)	om C	bre	9/18/96	Pimoni:	m Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JEFFREY L. Gair Ruck Towson Funeral Home, Inc.														
	Commetten 2 Cremetten 3 Removal from State Commetten 5 Other (Specify) Commetten 5 Other (Specify) Dulancy Valley Mem. Gard. 9/18/96 Timonium, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Commetten Signature Commetten														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE TO FF TOST T. Cair 22. NAME AND ADDRESS OF FACILITY														
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
RTIFICATION															
CER		d	-												
EDICAL	PART II. Other significent co	onditione contribu	ting to death	but not ree	uiting in ti	ne underi	ing ceuse	given in	Part i. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?				
Ξ.	DID TOBACCO USE	CONTRIBUTE 1	O CAUSE	OF DEATH	H YES	□ NO	□ UN	CERTAI	NAST		1 TYES 2 NO				
SIAN:	25. WAS CASE REFERRED TO MEI EXAMINER?	DICAL			OF DEATH (Check only o									
YSICI	1 YES 2 NO	HOSPt1	AL: ent 2 ER/Ou	utpatient 3 🗆		Nursing I	lome 5 🗆 F	esidenca	8 Other (Specify)						
PH	27. MANNER OF DEATH	0.00	DATE OF INJURY Month, Day, Year)		28b. TIME OI INJURY	28c.	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCUI	RED				
ВУ	1 Natural 5 Pend 2 Accident Invest	tigation						NO							
ED I	3 Suicide 6 Could 4 Homicide deter	i not be	PLACE OF INJUR building, etc. (Sp	RY — At home pecify)	, lerm, stree	t, lectory, o	ffice		28f. LOCATION (Street City or Town, Stete,		Rural Route Number,				
E															
COMPL	one) 2 MEDICAL	EXAMINER: On the b		^					e to the ceuse(e) end me e time, date and place, er		Ceuse(e) end manner as state				
TO BE	29b. BIGNATURE AND TITLE OF S	anco	ED CAUSE OF L	DEATH (ITEM :	27) (Type, Priir	nt)	29c. LIC	LZ-	736	29d. DATE S	- 16 - 96				
	7600 OS	dr (3)	STRAR'S S	TW) LUISE	SUI	42	03		HYMA	tN	HKKA				
SEP 18 1996 Garandson-Randall															
	4-1-100	U									DHMH-16 R				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

State of Maryland / Department of Health and Mental Hygiene 9 6

				Certificate of Death	Reg. No.	0 21124
Г	Physici	an	1. Decedant's Nama (First, Middle, Last)		2. Data of Deeth Month Day	3. Tima ot Death
	/Media	al	DOROTHY R.		\$EPTEMBER 15,	
1	Examir	ner	4a. Facility Nama (If not institution, give street end number) THE JOHNS HOPKINS HOSPITAL	4b. City, Town, or L BALTIMORE	CITY	//A
	Funeral Director		5. Social Sacurity Number 8. Sax 1 M 2 F 7. Age (In yrs. legt bird) Usuel Residence of Decedent	Yrs. If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min.	8. Dete of Birth Month, Day, Year 932	Maryland Maryland
	Meryland	tor	Maryland 10b, County A 10c, City, Town	TIMORE		10d. Insida City Limits 1 Yas 2 □ No
	23e or 28	rai Director	21251/2 McCulloh St.	10f. Zip Code 2/2/7	10g. Citizen of V	What Country?
120	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If Health and Mental Hygiene. If I a marked other than "natural", or itams 23s or 28s-f show other treumatic event, the Medical Evangree must be notified at	by Funeral	11. Maritel Status 1 Nevar Married 2 Merried 1 Ves Decedant Ever in U,S. Armed Forces? 1 Ves ZM No If Yes, Give Year or Datas:	13. Was Decedent of Hispenic Origin? (Si It Yes, specify Cuban, Maxican, Puerto 1 ☐ Yes 2 No Specify:	pecify Yas or No- o Rican, etc.) 14. Rec Blac Specify	e - Amarican Indian, ck, White, etc.
2-00	2 hou	ted t	15. Decedant's Education 16a.	Decedent's Usual Occupetion	16b. Kind of Bu	usinass/industry
21215-0020	is 1 and 2 should be filed within 7 Meelth and Mental Hygiene. Item 27 Is marked other than "n other treumatic evant, the Med	Completed	(Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done during most of work life. DO NOT use retired) USTOAIAN	VSP	Employees
and	ould be file Mental Hy arked oth	Be	17. Fethar's Neme (First, Middle, Last)	18. Mother's Nam	ne (First, Middle, Malden Sumarn	10)
Maryland	2 should be and Mental is marked o	J.	COLUMBUS GORDON 19a. Informent's Name/Relationship (Type, Print) 19b.	Meiling Address (Street, and Number or Ru	ural Route Number, City or Town.	State, Zip Code)
-	1 and 2 Health ar em 27 la other treu		Mrs. Patsy Thompson 7	15 E. Coldspri	ng Lane	Balto, Md. 2121.
Baltimore	Pages 1 and He north If Herr			Disposition (Name of y, crematory or other piece)	Place 20c. Location -	City or Town, Stete
Itim			4 □ Donation 5 □ Other (Specify) 21. Significant of Funaral Sarvice Licens	butus 22. Nama and Addrass of Eacility	117196 Balto	D. CO. M.
Ba	permit. Departr Importu any Inje		Aseph L. Kuss	Joseph Li Rus	& Funeral	Home 21214
	Physician		23s. Party. Enter the disease, or complications that caused the death. Do report or heart tallian. List only one cause on each line.	not enter tha moda of dying, such as cardlac	or respiratory arrest,	Approximata Interval Between Onsat and Deeth
7	/Medical		Immediate Causa (Final disassa or condition	C		48hes
	Examiner	1	rasulting in daath)	consequanca of):		1010-05
	thed ansit	Examiner	b. METABOLIS			ing in
ó	icate be executed physician and s the burial-transit		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disaese or Injury	0 -	. 0	2005
68760,	ate be	dical	causa. Enter Underlying Cause (Disaese or Injury thet initiated evants rasulting in death) Last C. VETASTATIC Dua to (or as a cr		- M-	Innus
Box 6	The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be detached for use as the buriat-transit	Physician/Medical	d			
	ne death the ette	sicia	Part II. Other significant conditions contributing to death but not resulting in	the undarlying cause given in Pert I.	23b. Did tobacco use co	ntributs to the cause of death?
P.0	es thet the de igned by the be detached				1 Yes 2040	3 Probably 4 Unknown
of Vital Records,	tulres the n signed uld be de	ed by			24a. Wes en eutopsy	24b. Ware eutopsy findings
9	e law requir has been s ge 2 should	Completed			performed?	available prior to completion of cause of death?
E B	The Late he	Сош			1 □ Yas 2 No	1 □ Yas 2 □ No
Vita	Physician: The rthis certificate and director, pag	Be C	25. Was casa ratarred to medical axaminar?	Other	nth (Check only one)	
10	a Phys erthis eral di	n: To	27 Menylar of Death 28a. Data of Injury 28b. T	ima of 28c. Injury at	oma 5 ☐ Rasidance 8 ☐ Oth 28d. Dascribe how injury occur	
sion	Attending or death. ector: After by the fune	atio	2 Accidant invastigation	hjury Work? M 1 ☐ Yas 2 ☐ No		
Division	i or Attending Physelectors After this Director: After this d in by the funeral d	Certification:	3 Sulcide 8 Could not be datarminad 28a. Place of Injury - At homa, far building, atc. (Specify)	rm, streat, factory, office	28f. Location (Street and Numb City or Town, State)	per or Rural Route Number,
	To the Hospital or Attending Physicien: The is within 24 hours efter death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical C	29e. Certifiar (Check only one) Certifying Physician: To the best of my knowledge and menner stated.	daath occurred at tha tima, data and placa, droi investigation, in my opinion, daath occur	, and dua to tha cause(s) and ma rred at tha tima, data and place,	anner as stated. and due to the cause(s)
	To th Vithir To th comp	Me	29b. Signetura end titla of cartiflar	29c. License number	29d. Date signe	d (Month, Day, Year)
2	- 1		Lupruya Varina M.D.	AS414735751	V Sept 15	, 1996
	0)1		30. Nama and addrass of person who complated cause of deeth (Itam 23a) (>	11.00.7	
ű	Sta	te	31. Data tilad (Month, Day, Year) 32 Stagistrar's Signature	IN JOHNS HOPKINS	HOSPITAL	
	Registr		SEP 18 1996 Julia Davidson	byplatte.		



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM#26 g739 9/18/96ag perDr 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Yaar hancie. 5:00 AM 96 12 /Medical 4e. Facility Name (If not Institution, giva streat and number) 4b. City, Town, or Location of Daath Examiner 4c. County of Death Baltimore if Onder 24 Hrs. 8. Deta of Birth Min. Month, Day, Year) Hilton Street 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. lest birthday) if Under 1 Year 9. Birthplaca (Stata or Foraign Country) M **Funeral** 714 54 -1 M 2 □ F Months Days 29 49 Yrs. Director Usuel Rasidance of Decadent 10a. Stete i Hygiene. other than "natural", or ftems 23a or 28a-f show 'ent, fire Madical Evantiner must be notified at 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore 1 Yas 2 No **Funeral Director** 10a, Straat and Number 10f. Zip Code 10g. Citizan of What Country? 2/2/6 ItON 1601 death 12. Wes Dacedent Ever in U,S.
Amed Forces?
1 ☐ Yas 2 ☑ No
If Yas, Giva /
Yeer or Datas: Was Dacedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritei Status Peges 1 and 2 should be filed within 72 hours efter 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Black by Specity: 3 Widowad 4 Divorced Be Completed Decedant's Usual Occupation
 (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) OF SOCIAL SETVICE So cial WOFKER 2 years is marked other traumatic event. 17. Father's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Meidan Surnama) Health end Mental Allie (Easer FIELDER 2 19e. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Addrass (Straat end Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Peges 1 and 2: Department of Health er Important: if Item 27 Is any Injury or other trau once. 1/40M 18/der 60 Balto Md 20e. Mathod of Disposition 20b. Piece of Disposition (Nama of Data 20c. Location - City or Town, Stete cematary, cramatory or other place) 1 Burial 2 Cramation 3 Removal from State 9-16 Park Baltimore 4 Donation 5 □ Othar (Spacity) KING 21. Signatura of Funaral Service Licensaa 22. Nama and Addrass of Facility 5151 Baltimore Nat Greene 21229 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Vaughr SELVICE Approximeta intarvai Between Onsat and Deeth **Physician** Immediete Ceusa (Final disaase or condition resulting in deeth) /Medical iseas **Examiner** Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician excempletely filled in by the funeral director, page 2 should be deteched for use as the buriest ransit Sequantially list conditions, if any, leeding to immadiate ceusa. Enter Undarlying Causa (Disaasa or injury that initieted evants rasulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Due to (or es a consequence of) Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of ceusa of death? Completed 24a. Was en eutopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was cesa rafarred to medicei axaminer? Be 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yas No 1 ☐ Inpatiant 2 ☐ ER/Outpatient → □ DOA 27. Manner of Death 28c. Injury et Work? Certification: 28b. Tima of 28d. Describe how injury occurred 1 Naturel 2 Accidant 5 Pending invastigation 1 Yas 2 No 6 Could not ba 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29e. Cartifiar (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) and manner stated. Medical 29b. Signature and itla of certifiq 29c. Licensa number 29d. Dete signed (Month, Day, Yaer) MO 13 30. Nema and address of person who complated ceusa of death (Itam 23a) (Type, Print) EDWARD HOBAN 31. Data filed (Month, Dey, Year) 32. Registrar's Signetura Registrar

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State of Maryland / Department of Health and Mental Hygiene

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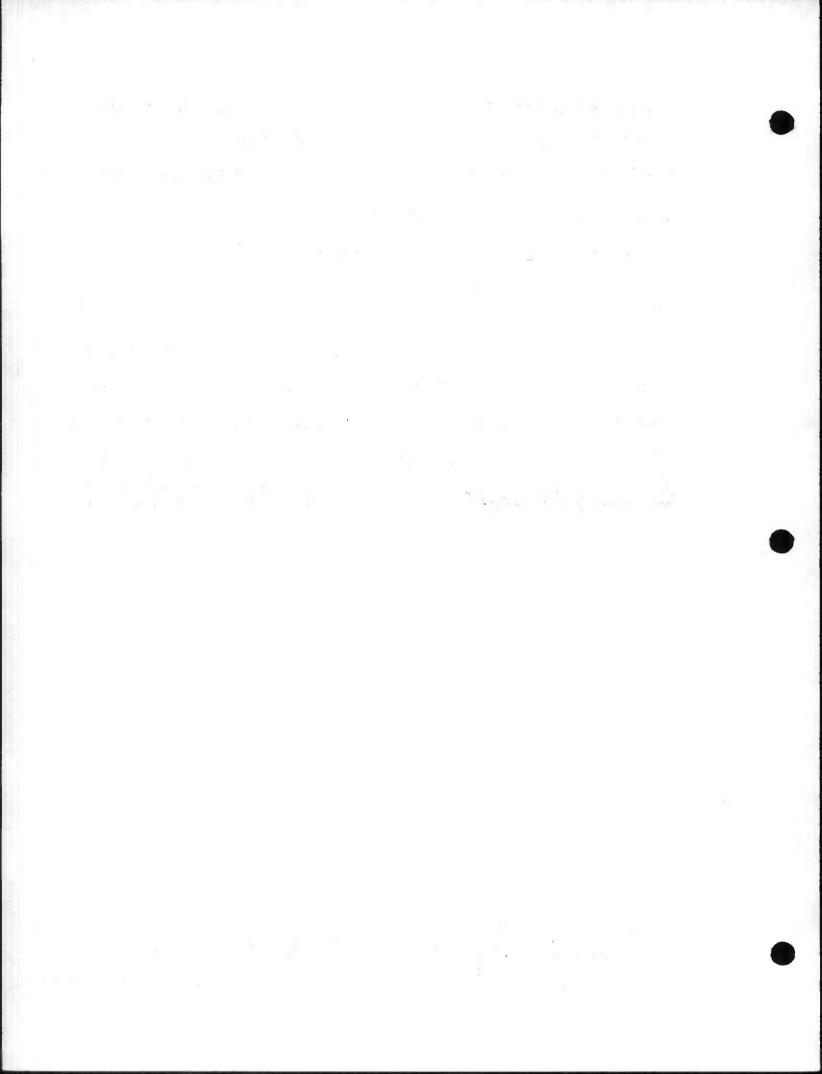
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			·					Cer	TITICA	te oi	Death			Reg. No.			
	Physic	ian	Decedent's Nan	ne (First, Middle, L									2. Date of D	eath Day	Yes		3. Time of Death
	/Medi			UTH	LOUISE		FI				Septembe		1996		4:05P		
	Exami		4a. Facility Name				4b. City, To	wn, or L	ocation of Dee	th 4c. 0	County of De	eath					
				terian Hor	ne of Mary	land					Towson			Ba	altimon	е	
	Funeral		5. Social Security I	Number 6.	Sex 1□ M 2□ F	7. Age	(In yrs. last bli		If Unde Months	T 1 Yeer		24 Hrs. Min.	8. Dete of Bi (Month, D	rth ev. Year)	9. 6	Birthplac	e (Stete or Foreign
н	Director		274-14-70		10 M 20 F	89		Yrs.					November	2,190	0 0	hio	
	pu *		Usual Residence of 10a. State	of Decedant 10b. County			10c. City, Tow	n or Lo	nation							104	Analda Olbada India
	sho sho	5					_		Janon							100	Inside City Limits
	No No No No No No No No No No No No No N	Director	Maryland	Baltimore			Towson		1.50 -0	1.4							1 Yes 2 TWO
	£ 6 g	늅	10e. Street end Nu							Coda 204				10g. Citize	en of What	Country	7
	23	Funeral	400 Georgia	Court	10.00	1	1.110	1									
	er de	E.	11. Maritai Status	ried 2⊡ Merried	12. Wes De Armed F	orces?	ver in U,S.	13. V	Yes, spe	cify Cul	Hispenic Ori ben, Mexican	gin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	D- 14	4. Race - A Black, W		
20	72 hours after death with the Maryland natural; or Items 23s or 28s-f show dicel Examine ment be notified as	by F	Widowed		If Yes, G	ive	0	1	☐ Yes	XXXNo	Specify:			5	Specify:	White	
S S	72 hours "natural",		200 111001100	15. Decedent's		Datoa.	180	Deced	ent's Usu	al Occu	inetion			16b Kin	d of Busine		
15	C 98	Completed		cify only highest g	rade completed			(Give I	kind of wo	ork done	during most	t of work	ing	TOD. INF	o or Bosine	33/1100	stry
212	d within plene. r than "	mo	Elementary/Sec		College	(1-4or 5-	+)		ales		,			Ro	etail		
D	# F & F	Be C	17. Father's Name		st)				uics_		18. Mothe	r'a Nam	e (First, Middle				
a	Mental Mental arked o	To B	Emie	el Lucas	Hibbs						No	ora :	Stansbur	,			
ary	d 2 should b th end Ments 7 is marked traumatic e	-	19a. Informant's N				19b	. Mailin	g Addras	s (Stree			al Routa Numi		Town, State	a, Zip Co	ode)
Σ	1 and 2 Heelth e em 27 le		S. Duel			POA.							aryland 2				
Baltimore, Maryland 21215-0020	f Heeli frem 2 other		20a. Method of Dis				20b. Place o	Dispos	sition (Ne	me of	0001		Date	20c. Loc	ation - City	or Town	, Stata
E	0==0		1 ☐ Buriai 2	Other (Spec	□Removal from :ifv)	State	Greenmo				ooa,	9	/18/96	Raltin	mme M	lary I	and
alti	Donation 'S Other (Specify)					1/	Tarcano	22.	Neme e	nd Addr	ess of Fecilit	ν		Daroin		ui j I	2110
m	Depart Depart Import any in		Launi	: delas	0. 16	6.	. 4.		F00 V	l. F	D J - D 1	Mitc	hell-Wie	deteld	Home		
			23a, Part1, Enter	the disease, of co	molication that	caused	the death. Do	on ente	or the mo	ONK H	dogo Bal	cardiac	re, Mary	land 21	1212	A	pproximate
	Physician		23a. Part1. Enter shock, or her	ert failure. List onl	y one canso on	each line	9.			,						In	terval Between nset and Death
):	/Medical		Immediate Cause	(Final		200	22 0		0	00						1	War al
	Examiner		disease or condition resulting in death)		a	-171	ROIA Due to (or as a RIOS C	<u>C</u>	17	KIL	es/					1	44N
		ē			1	1-st	- n (Occ	consequ	uence or)	:	CA	מז הר	1/450	DIS	-40		92/0
	dansit	Examiner	Cognentially list or	anditions (b/						CVF16	εριυ	VASC.	275	C1031	-	115
ó	exec tri en	EX	Sequentially list co if any, leading to in cause. Enter Undo Cause (Disease or	mmediate eriving		Due to (or as a consequenca of):										!	
68760,	ysicie	cal	thet initiated evant	S	C	D	oue to (or es e o	onseau	ience of):							-	
	certificate be executed iding physician end ise as the buriel-transit	Medical	resulting in death)	Last				onooqo	101100 017								
XO	- 2 -	N/			d					-		-				<u> </u>	
œ.	w requires that the death been signed by the etter should be detached for t	Physician	Part II. Other signi	ficant conditions	contributing to d	death but	not resulting in	the un	derlylna	causa o	iven in Pert I.		23b. Dld	tobacco u	se contribe	ute to th	ne cause of death?
P.O.	tach the	h.	1		1		A						1	Yes 24	No 3□	Probal	oly 4 ☐ Unknown
	s that pned b	by F	ITK	CKINS	DNS	D	12 MS	<									
Vital Records,	requires ween sign hould be	8											24a. Was	an autops	y 24		autopsy findings
200	law re les be s 2 sho	plet											pen	omear			letion of cause
ď	0 - 0	Completed											10	Yes 20	No	10)	res 2□ No
ta	yclan: The certificate rector, pay	Be C	25. Was case refe	rred to medical							28 Place	of Dogs	h (Check only	23.0			00 20110
	S cert	To B	examiner?	Mo	Hospital:	Innatien	t 2 ER/Ou	toatient	3□ D	OA OI	ther		ome 5 ☐ Res		Temper (S	necify)	Refiamy
Division of	27 N 25 M						28b. 1	ime of	-	28c. Inju			28d. Describe			poony	Hume
당	Affer and a fune	at lo	1 DNatural 2 Accident	5 Pending investigation		nth, Dey	Year) I	njury	М		ork?]Yes 2∐≀	No					
<u>×</u>	or Attendant after deat Director:	HIC	3 ☐ Sulcide 4 ☐ Homicide	6 Could not detarmine	d 286. Plac	a of Injur	ry - At home, fa	rm, stre	et, factor	y, office)		28f. Location		Number or	Rurel F	loute Number,
ā	a after a Direct of in by	Certification:	4 Homicide		build	Jing, etc.	(Specify)						City or To	wn, Stete)			
	To the Hospital within 24 hours of the Funeral completely filled		29a. Certifiar (Check only	12 Certifying P	hysicien: To the	e best of	my knowledge	, death	occurred	at tha t	ima, date an	d place,	and due to the	cause(s) a	ind menner	es stet	ed.
	he H	edical	one)	2 Medical Exa	and mai	nner stat	ed.	d/or Inv	astigation	i, in my	opinion, deal	th occur	red at the time	date end p	olece, and c	lua to th	a cauae(s)
	To the within To the	29b. Signeture and title of certifier 29c. License number										signed (Mo					
				Hen	all	, ,	M.D.		J	DII	02	6		9.	17.	- 9	6
			ON Name and addrass of person who completed cause of daath (Item 23a) (Type, Print)														
Sidney J. Venable 610 Wilton Road Tow						Tows	on, M	aryla	and 2128	36							
State 31. Date filed (Month, Dey, Year) 32. Registrer's Signature																	
Registrar SEP181996 Sendson-Rendelle																	

State of Maryland / Department of Health and Mental Hygiene

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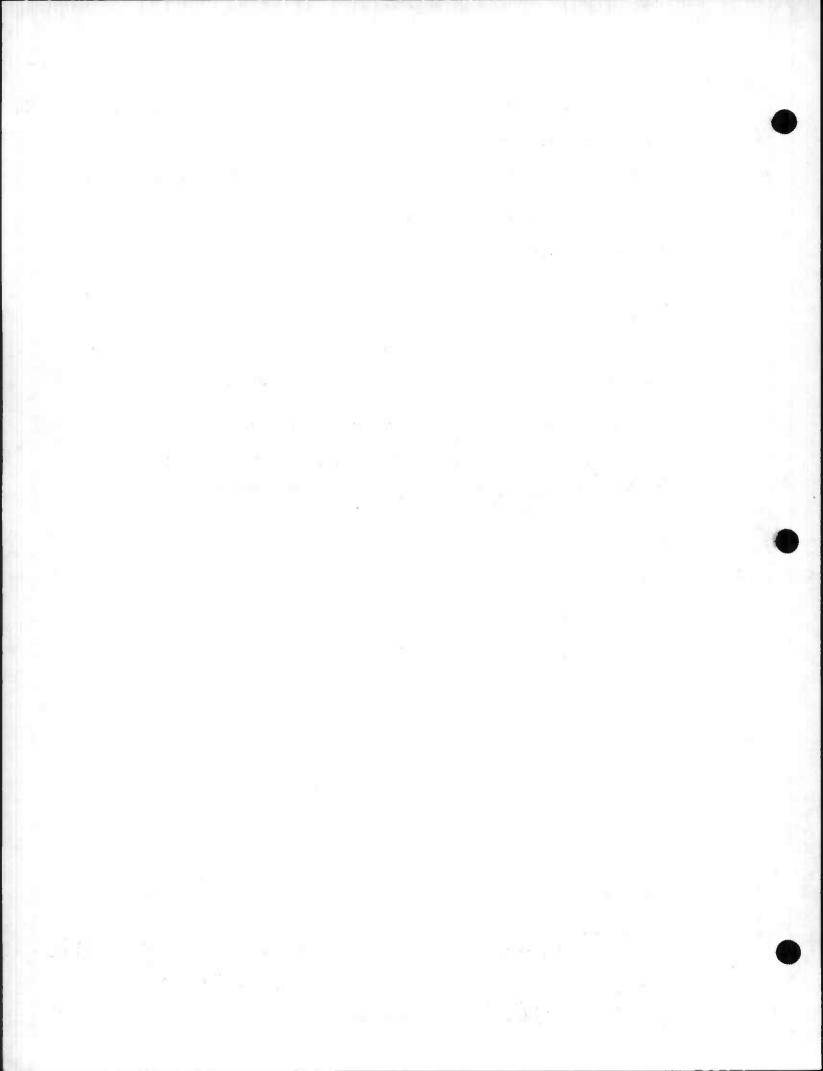
						Certificate of	f Death		Reg. No.		
	DI.		1. Decedent's Neme (First, Middle, La	st)					eeth	Voss	3. Time of Deeth
	Physic /Medi		Olive Marilyn	Farrell						1996	6:20AM
)	Exami		4e. Facility Neme (If not institution, giv				4b. City, Town, or		. 1		VALVBII.
			3011 North Cal	vert St			Baltimo			/A	
	Funeral Director		5. Sociel Security Number 6. S 037-01-8245	7. Age		Months Dev	r If Under 24 Hrs s Hours Min	8. Dete of Bi (Month, Di November	7,1910	9. Birthp Coun Rhod	lece (Stete or Foreign try) IE Island
	hend wo		10e. Stete 10b. County		10c. City, Town	or Location				1	0d. Inside City Limits
	Mary F	ţ	Maryland N/A		Balti	more					1 XX es 2 □ No
	h the	le o	10e. Street end Number			10f. Zip Code			10g. Citizen ol	What Coun	itry?
	th will	<u>a</u>	3011 North Calvert	: St		2121	8		USA		
	r dea	Funeral Director	11. Meritel Stetus	12. Was Decedent E Armed Forces?	ever In U,S.	13. Was Decedent of	Hispanic Origin? (S	Specify Yes or No to Rican, etc.)	0- 14. Rec		
21215-0020	n 72 hours after death with the Marylend "natural", or lierns 23a or 28a-f show softest Examines must be notified at	b	1 ☐ Never Married 2 ☐ Merried	1 ☐ Yes 🛣 🐧 N If Yes, Give Yeer or Detes:	lo						
15-		Completed	15. Decedent's Ed (Specify only highest gra		16e. l	Decedent's Usuel Occi Give kind of work don	upetion e during most of wo	rking	16b. Kind of 8	usiness/inc	dustry
12	within ene.	du	Elementary/Secondery (0-12)	College (1-4or 5	+)				Potai	1 5+0	200
0	e filed of Hygie	Ö	17. Fether's Neme (First, Middle, Last))		Owner / Man		me (First, Middle			ore
Maryland	should be nd Mentel marked o	To Be	Joseph		Healey		Isabe	lle		Dool	ey
ary	should and Men marks	-	19e. Informent's Neme/Reletionship (Type, Print)	19b.	Melling Address (Stree	et erid Number or R	ure/ Route Numb	er, City or Town	State, Zip	Code)
	iges 1 and 2 should be filed within it of Health and Mentel Hygiene. If Item 27 is marked other than or other traumatic avent, tha Me		Patricia Welch	Daughte	er 3	011 North	Calvert S	treet Ba	altimore	, MAr	yland21218
ore	of He		20e. Method of Disposition 1 XX virial 2 ☐ Cremetion 3 ☐	Removal from State	20b. Plece of l cemetery	Disposition (Name of cremetory or other pi	(ace)	Dete	20c. Location	City or To	wn, Stete
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Vilta			25. Wes case referred to medical examiner?					eth (Check only	one)		
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sion of	After funer	Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	28e. Dete of Injur (Month, Day				28d. Describe	how Injury occur	red	
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ř	9	erti	4 Homicide	building, etc.	(Specify)						
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			Valin R	?. Heyr	nan	MD 7	0874	16	918	96	
	[0		30. Neme end eddress of person who	completed cause of de	ath (Item 23e) (T	ype, Print)	000		')'	1	
_	Ψ		MEYER R.	HEYMA	N MT	22 5.	CREENE	ST. /	34KT0	MD	21201
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State of Maryland / Department of Health and Mental Hygiene 96

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			ST. ELIZABETH NUR		/	Millanday 4 Mr.		IMORE			
	Funeral Duector		5. Sociel Security Number 6. S 212-62-9555 Usuei Residence of Decedent	ex	s. lest birthday Yrs.	Months Deys		Min. (Month, D	irth ey, <i>Year</i>) 29,1906	9. Birthp Coun IREI	lece (Stete or Foreign try) JAND
	yland		10e. State 10b. County	10c. (City, Town or L	.ocation				1	0d. Inside City Limits
	ath with the Marylar 23a or 28a-f show ast be notified at	ctor	MD BALT	IMORE	BALT	IMORE					1 ☐ Yes 2 No
	or 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Coun	itry?
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020	hours after death with the Maryland tural', or Itams 23s or 28s4 show at Example Chast be fruitfied at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Married 3 █ Widowed 4 □ Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates:	U,S. 13.	Wes Decedent of If Yes, specify Cub		n? (Specify Yes or N Puerto Rican, etc.)	o- 14. Rad Ble Specif	ck, White,	etc.
9-0	72 hours "netural",		15. Decedent's Ed	ucation	16e. Dece	edent's Usuel Occu	petion		16b. Kind of B	usiness/ind	Justry
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ore	t of Heali If Itam 2 or other	- 14	20e. Method of Disposition 1 ☑YBuriel 2 ☐ Cremation 3 ☐		Piace of Disp	osition (Neme of ametory or other ple		Date	20c. Location		wn, State
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П			23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	scations that caused the de one cause on each line.	to not en	ter the mode of dy	ing, such as ca	rdlac or respiratory	arrest,		
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ó	exec in en	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	011	(or es e conse	- 1		D		-	2
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<u>o</u> .	The law requires thet the death ate has been signed by the etter page 2 should be detached for t	Physician	Part II. Other eignificant conditions co	ntributing to death but not re	sulting In the u	underlying cause gi	ven in Pert i.	23b. Did	tobacco use co	ntribute to	the cause of death?
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٥	tal or of Dis	Ce		building, atc. (Spec	y)			Only or 10	wii, State)		
	To the Hospital or Attending Physician: The i within 24 burs effer death. To the Funerel Director: After this certificate ha completely filled in by the funeral director, page	edical	29e. Certifier (Check only one) 1 ✓ Certifying Phy 2 ☐ Medical Exami	sicien: To the best of my kn iner: On the basis of examin end manner steted.	owledge, deet etion and/or in	h occurred et the ti vestigetion, in my o	me, dete and popinion, deeth	plece, and due to the occurred et the time,	cause(s) end me dete end place,	enner es sta end due to	nted. the cause(s)
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J.	14	-	30. Neme and eddress of person who co	-	m (3e) (Type,	Print)) (, 7	10,	1110
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State of Maryland / Department of Health and Mental Hygiene

27729 Certificate of Death ITEM#27 g739 9/18/96ag perDr. 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** SEPTEMBER 10, 1996 *JEANNIE* KAY 3:10 PM GAHM /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE GREATER BALTIMORE MEDICAL CENTER TOWSON If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) If Undar 1 Year 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1 ☐ M 2 💢 F Months 371-66-6978 Director June 18, 1956 Maryland Usual Rasidence of Decedent the Manyland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director Baltimore 1 X Yas 2 □ No MD N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 21234 USA Funeral 3131 Chesley Ave. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Raca - American Indian, Black, White, etc. 11. Marital Status Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 ☐ Never Marriad 2 🛛 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 Widowed 4 Divorced Year or Dates: White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) I Hygiene. Eiamentery/Secondary (0-12) Coilege (1-4or 5+) Homemaker Own Home 11 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be is marked Shirley Ray Phillip Thomas Derrow, Sr. 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a If item 27 is or other train 3131 Chesley Ave., Baltimore, MD Craig A. Gahm 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 XCremation 3 ☐ Removal from State permit. Page Department of Important: If eny injury or 9/12/96 Green Mount Crematory Baltimore, MD 4 Donation 5 Other (Specify) 21. Signature of Filneral Service Licensee 22. Nama and Address of Facility
ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD 21214 Enter the disease or complications that valued the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediete Cause (Final disaase or condition resulting in death) /Medical **EPILEPTICUS** 12 HOURS STATUS **Examiner** Due to (or as e consequenca of) Physician/Medical Examiner **ENCEPHALOPATHY** 1 WEEK HEPATIC The law requires that the death certificate be executed use as the burial-trar Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disaase or injury that injuried events. Due to (or as a consequence of): CHRONIC ALCOHOLIC HEPATITIS/ CIRRHOSIS YEARS Box 68760. thet initieted events rasulting in death) Last Dua to (or as a consequence of) P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Was an autopsy performed? page 2 1 Yes 2 No 1 Yes 2 No or Attending Physician: 25. Was case referred to medicel axaminer? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1. Inpatient 2 ER/Outpatient 3 DOA this 27. Mannar of Death Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? After t Certification: 28d. Describe how injury occurred 5 Pending investigation death. 1 ☐ Yas 2 ☐ No the 1 2 Accident Director 6 ☐ Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicida To the Hospital of within 24 hours en To the Funeral Discompletely filled in 12 Cartifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical (Check only one) 29b. Signature, and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 3 Satter Rd. Balts. Mo 95/2 Har Ford 31. Date filed (Month, Day, Yeer) 32. Registrar's Signature State whia Davidson Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth Dey r 14 **Physician** Month Katherine Gartner S.N.D. September 1:55 pm 1996 /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Stella Maris Hospice Towson Baltimore 5. Social Security Number if Undar 1 Yaar if Undar 24 Hrs. 7. Age (In yrs. last birthdey) 6. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 1□M 2☑F Deys Yrs. Director 188-42-0312 Nov. 11, 1903 New York Usuei Residence of Decedant permit. Pages 1 and 2 should be filled within 72 hours effer death with the Maryland Department of Health and Mental Hyglene. Importment if flems 23a or 28a-f show any injury or other traumetic available. 10e. Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Director Md. Baltimore Stevenson 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 1531 Greenspring Valley Rd. 21153 USA 14. Race - American Indian, Black, Whita, etc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Dates: 1 Mevar Merried 2 Married Baltimore, Maryland 21215-0020 1 Yas 2√2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiemantary/Secondary (0-12) Collage (1-4or 5+) Teacher 12 New York Schools 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumema) Be John Gartner Pauline 2 Ryf 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>Villa Julie Infirmary</u> 1531 Greenspring Valley Rd. Stevenson, Md. 21153 20b. Plece of Disposition (Neme of cematary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Sister's of Notre Dame 9/17/96 Ilchester, Md. 21. Signature of Funeral Service Licansee 22. Nama and Addrass of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heer failure. List only one cause on each line. Approximeta Interval Betw Onset end Deeth **Physician** /Medical Immediata Cause (Final disease or condition resulting in death) Congestive Heart Failure Examiner Due to (or as a consequence of) Atrial Fibrillation physician and s the burial-transit be executed Sequentielly list conditions, if eny, laading to Immediete cause. Entar Underlying Ceuse (Disease or injury that initieted events resulting in daath) Last Dua to (or as a consequence of): Mitral Stenosis Box 68760 lan/Medical Due to (or as a consequenca of) US6 88 attending 0 Physicia P.O. Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? the th been signed by should be detac 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 € Unknown Records, by 24a. Wes an autopsy performed? 24b. Wera sutopsy findings available prior to completion of cause of death? Completed page 2 has 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice 25. Wes case raferred to medical Be 28. Place of Deeth (Check only one) Other: 4 X Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2Ñ No 2 1 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 X Netural 5 Panding investigation 1 Yes 2 No 2 Accident in by the 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 29e, Certifier edical Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, date and placa, and due to the causa(s) and manner as stated. completely Medical Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s) end manner stetad. title of cofficient 29b. Signature and 29c. License number 29d. Dete signed (Month, Day, Year) 9 16.86. eme and eddress.

Eddie Nakhuda, M.

Month, Dey, Year) 30. Neme and eddress of person who completed cause of death (item 23e) (Type, Print) Towson, Md. 21204 M.D.2300 Dulaney Valley Rd. 52 Registrar's Signature 31. Date filed (Month, Dey, Year) SEP 181996 State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Month Florence Virginia Humphries SEPT. 11, 1996 8:00 A.M. /Medicai 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baptist Home of Maryland/Delaware, Inc. 7. Aga (In yrs. last birthdey) | If Under 1 Year | If Under 24 Hrs. | 8. Date | Months | Days | Hours | Min. | 8. (Mo.) | Min. | 1. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Baltimore County 5. Social Security Number 8. Date of Birth (Month, Day, Year) JAN. 6, 1921 Birthpiece (Stata or Foreign Country) **Funeral** 1□M 2XF 214-16-9828 Director Maryland Usual Rasidence ot Decedant 10a State 10b. County 10c. City, Town or Location Show 10d. Insida City Limits must be notified at 1 ☐ Yes 2 No Director Maryland Baltimore County Owings Mills 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò Herne 23a 10729 Park Heights Avenue 21117-3098 Funeral U.S.A. 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. Was Decedent Ever in U,S. Armed Forcas? permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haalth and Mental Hygiena. Important: If item 27 is marked other than "natural". or hours injury or other traumatic eventual. 1 ☐ Yes 2 No If Yas, Giva Yeer or Detes: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No Á Specify: 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedant's Usuei Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Businass/Industry Elamentary/Secondery (0-12) Coilega (1-4or 5+) 12 Secretary unknown 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumame) Be Allen 2 G. Rhodes Virginia Fawcett 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 10729 Park Heights Ave. Owings Mills, Maryland 21117
sce of Disposition (Nama of Date 200. Location - City or Town, Stata Mrs. Grace Lewis/Executor 20b. Piece of Disposition (Nama of cematary, crematory or other piece) 20a. Mathod of Disposition 1 X Buriai 2 □ Cramation 3 □ Ramoval trom Stete 4 ☐ Donation 5 ☐ Othar (Specify) Lorraine Park Cemetery 9/14/96 Woodlawn, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Maryland 21212 23s. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, show, or heart failure. List only one cause of each line. Approximeta Intarvai Between Onset and Death **Physician** immediate Cause (Final disease or condition rasulting in daeth) /Medical hypertension Typars Examiner Dua to (or as e consequance of): Examiner Physician: The law requires that the death certificate be executed physician and the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaase or injury thet initiated avants resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 🗗 Unknown catarracts, COPD, RVD, hypercholesterol of Vital Records, should be d þ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Wes an eutopsy performed? 1 Yas 2 No 1 Yes 2 No certificata 25. Was case refarred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 ☐ Yas 21 No Certification: To this 27. Mannar of Death 28a. Deta of injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Division 5 Pending invastigation 1 Naturai 2 Accident 1 ☐ Yas 2 ☐ No 6 Could not be datermined 3 Suicida 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Plece of injury - At homa, farm, street, factory, office bullding, afc. (Specify) 6 To the Hospital or A within 24 hours
To the Funeral Uncomplately filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. 29e. Cartifiar Medical 29b. Signature and title of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) D-41104 SEPT. 11, 1996 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print) Theodore C. Houk, M.D. 7825 York Rd. Towson, Maryland 21204 31. Data filed (Month, Day, Year) SEP181996 State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death PM **Physician** Edward WILLIAM HAASE Jr. SEPTEMBER IY /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 6. Sex 1 → M 2 → F 5. Social Security Number 8. Dete of Birth (Month, Dey, Year) 0 9 / 0 7 / 1 9 4 4 Birthplace (State or Foreign Country) **Funeral** Months Hours Maryland 216-42-8932 52 Yrs Director Usuei Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28=f show traumatic event, the Modical Examiner must be notified at MD. Baltimore Dundalk 1 ☐ Yas 2 HNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1214 Hillshire Rd. 21222 U.S.A. Funeral death 12. Wes Decedent Ever In U,S. Armed Forces?, 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack. White, etc. 2 should be filled within 72 hours effer on the Mental Hygiene. Is marked other than "natural", or its 1 Never Married 2 Merried 1 Yes 2 No Baltimore, Maryland 21215-0020 Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Mechanic Heavy Equipment 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) William Edward Haase, Sr. Norma Jean France 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 st Department of Health enc Important: if Nem 27 is n any Injury or other traun once. Sandra K. Haase/ Spouse 1214 Hillshire Rd. Baltimore, MD. 21222 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State ND Burial 2 ☐ Cremation 3 ☐ Removel from State Parkwood Cemetery 9/17/96 Baltimore, MD. 4 ☐ Donation 5 ☐ Other (Specify) Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd. Balto. MD. 21222 2134 WILLOW Spring Rd. I 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediete Cause (Finei diseese or condition resulting in death) SQUAMOUS. CELL CARCINOMA 2 YEARS Examine Due to (or es a consequence of) Examiner PHEUMONIA physician and the burial-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of): Box 68760 Physician/Medical that initieted events resulting in deeth) Last Due to (or es e consequence of): esn 10 ed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown à should I 24b. Were sutopsy findings svalleble prior fo completion of cause of death? Completed 24a. Wes en autopsy performed? s certificate has b director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No ing Physician: 25. Was case referred to medicel examiner? Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this Ineral 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred Netural 2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

To the Hospital within 24 hours a To the Funeralia completely tilled

State Registrar

Medical

4 Homicide

29b. Signeture end title of certifier

Meeen le

29a. Certifier (Check only one) The Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner steted. M.D.

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

29c. License number 29d. Dete signed (Month, Day, Year)

SEPTEMBER 14, 1996

30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print)

5601 LOCH PAVEN BOULEVARD BALTIMORE, MI) GUPTA, M.D.

31. Date filed (Month, Day, Year) SEP 1 8 1996 32. Registrar's Signature Tavidson-Randelle THE RESERVE OF THE PROPERTY OF A STREET PROPERTY OF THE PROPER

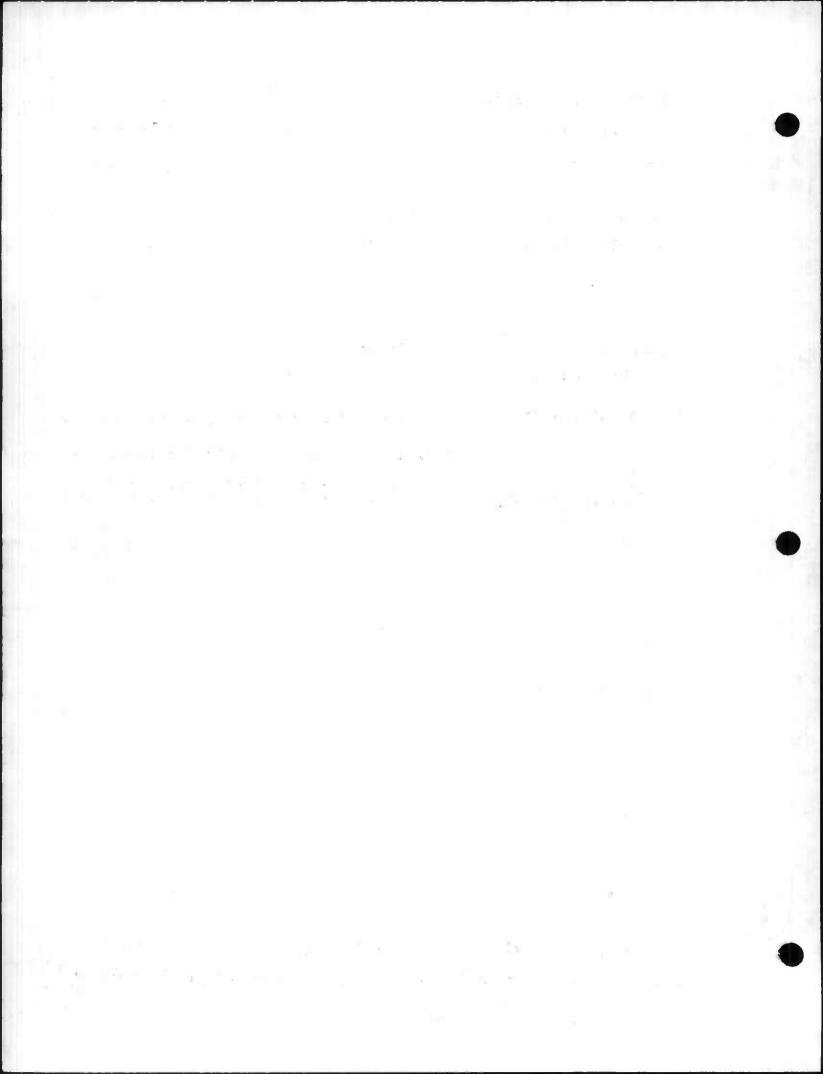
State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** Irene В. Harding Sept 13, Day 1996 ear 3.00 PM /Medicai 4b. City, Town, or Location of Death Parkville 4a. Fecility Name (If not institution, give street and number) 2423 E111s Road Examiner Bantimbre if Undar 1 Year If Undar 24 Hrs. 8. Date of Birth Months Days Hours Min. Dec 7,17908 Age (In yrs. last birthday) 5. Social Security Number 214-03-6525 9. Birthplace (Stata or Foreign Maryland **"Funeral** 1□M 2X F Months Yrs Director Usual Rasidence of Dacedent death with the Maryland Show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Examiner must be notified as Director Maryland Baltimore XXes 2 No 10e Street and Number 844 W. 32nd Street 10f. Zip Code 10g. Citizan of What Country? Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 (2No If Yes, Give Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or item Black, White, etc. 1 Never Married 2 Married 21215-0020 1□ Yes XXNo þ Widowed 4 □ Divorced Specify: Specify: White Completed 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12)
Unknown College (1-4or 5+) Homemaker Own Home Maryland 17. Father's Name (First, Middle, Last) John Mules 18. Mother's Name (First Middle, Maldan Sumama) Be 19a. Informant's Name/Reletionship (Type, Print)
Mildred Adelhardt 19b. Melling Address (Straat and Number or Rural Route Numbar, City or Town, Stata, Zip Coda, 16424 Cedar Grove Road, Sparks, MD 21152 of Health item 27 i Baltimore, 20a. Method of Disposition

1 Burlal 2 Cramation 3 Removal from State
4 Donation 5 Other (Specify) 20b. Placa of Disposition (Nama of 20c. Location - City or Town, State Date Lorraine Park Cemetery 9/17 Woodlawn, Maryland = 0 Department of Important: If any Injury or once. Funeral Service Licensee Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or beart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** Unknown Primary /Medicai Immediate Cause (Final . MetastaTic (arcinoma, Brain diseasa or condition resulting in daath) Examiner Due to (or as e consaquence of): or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and Due to (or as a consequence of): physician s the buriel Box 68760 Physician/Medical Dua to (or as a consequence of): signed by the at id be detached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Wiknown Division of Vital Records. by Completed 24a. Was an autopsy 24b. Wera autopsy findings Deen performed? available prior to completion of ceuse of death? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel Be 28. Place of Death (Check only ona) 2 Other: 4 Nursing Home 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) this 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth Medical Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After Natural 5 Pending Investigation death. 1 TYes 2 No 2 Accident Director: 6 Could not be datermined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) by 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) after 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner steted. 29d. Date signad (Month, Day, Yaar) 9/16/96 29b. Signature and titla of certifier 29c. Licanse number June MD 730641 3) QOD-109 Back Liver Neck Rd Ballimon D 30. Name and address of person who complated cause of death (Item 23e) (Type, Print) SABAPATHI MD CAMESH

State Registrar 31. Date filed (Month, Day, Year)

SEP 1 8 1996

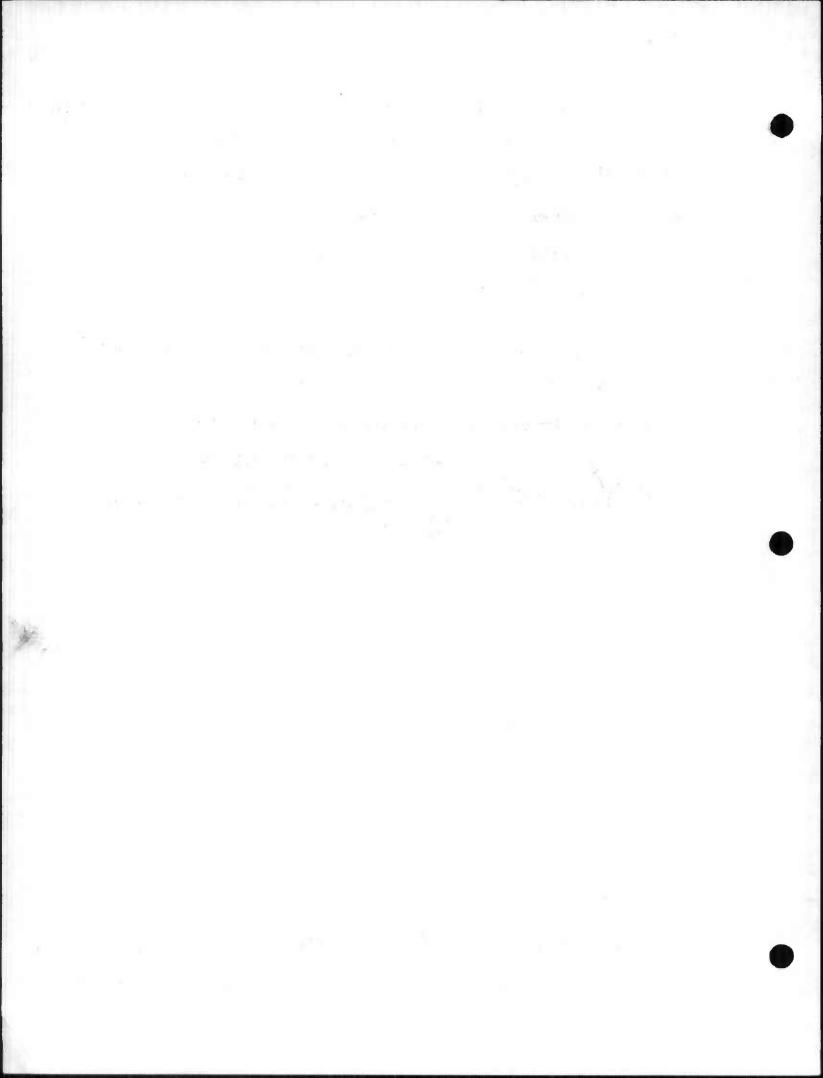




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	Exami		4a. Facility Name (If not institution,	0.1	11-60-		4b. City, Town, o	r Location of Deal	th 4c, County	of Death
			Johns +	OPKINS	HOSPIT	AL	BAL	TIMORE	BAL	TIMORECITY
	Funeral Director		5. Social Security Number 007-18-4713	7. Ag 1 M 2 √ F 7	e (In yrs. last bir 1	Yrs. If Under 1 Yes Months Day			rth ay, Year) , 1925	9. Birthplaca (State or Ford Country) MAINE
	pu ,		Usual Rasidance of Decedant 10a, Stata 10b, County		10. 0: 7					
	ehon d st	-	277-2027	IMORE	10c. City, Tow	ALTIMORE				10d. inside City Lim
	Ne M	Director		IFIORE	D					
	Nith Par		10e. Street and Number	D D T I I I		10f. Zip Code			10g. Citizen of	
	s 23	eral	5515 ROCKLEIGH		E		227	· · · · · · · · · · · · · · · · · · ·		.S.A.
020	172 hours after death with the Maryland *naturel*, or frems 23a or 28a-f show edited Examiner must be notified at	by Funeral	11. Maritai Status 1 ☐ Never Married 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas? 1 Yea 28 it Yea, Giva Yaar or Datea:	- Control of the cont	13. Was Decedent of it Yas, specify Cu		(Specity Yea or No arto Rican, atc.)	Specify	ce - American indian, ck, Whita, atc.
2-0	72 ho	ted	15. Decedent's (Specify only highast	Education	16a.	Decedant's Uauai Occ	upation	norkin a	16b. Kind of B	usinass/industry
21215-0020	within ene. than	Completed	Elamentary/Secondary (0-12)	Collaga (1-4or 5 4 YRS	DIR	(Giva kind of work don lifa. DO NOT use retii ECTOR OF SC SERVI	CHOOL FOO CES	DD .	BALTIMO SCHOOL	RE CITY SYSTEM
Maryland	る種も多	To Be C	17. Father's Nama (First, Middla, L JAMES COYNE, S	,			18. Mothar's N HELEN	ame (First, Middle MEUSE	a, Maiden Suman	ne)
an	and and		19a, informant's Name/Relationshi	(Type, Print)	19b	. Mailing Addrass (Street	at and Number or i	Rural Routa Numb	per, City or Town,	, Stata, Zip Code)
	5 6 8 5		JOHN F. HARDES	TY (HUSBANI	-	15 ROCKLEI	GH DRIVE	- BALTIN	MORE, MD	21227
ore	50 0		20a. Mathod of Disposition 1X☐ Burial 2 ☐ Cramation	□Removel from State	20b. Place of cemata	Disposition (Nama of ry, crematory or other pa	lace)	Data	20c. Location	- City or Town, State
E	Pa neurit		4 Donation 5 Other (Spe		LAKEVI	EW MEMORIA	L PARK	9/17/96	SYKESV	ILLE
Baltimore,	permit. Pag Department Important: P any Injury o		21. Signature of Funeral Service Li	cansee 4	las	22. Nama and Add HUBBARD F 4107 WILK	UNERAL HO			21229
Н			23e. Parki, Enter the diseasa, or connection of heart tailura. List o	omplications that caused	the dualh. Do i					Approximate interval Between
	Physician /Medical Examiner		Immediata Cause (Final diseasa or condition	. Live	ry	Renal	Failu	re		Onset and Death 2 week
		iner	rasulting in death)	De De	Dua to Grasa	consequence ot):	1al nut	rition		6 Weak
68760,	death certificate be executed eattending physician and of for use as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseasa or Injury	· Par	1	consequence of):	ncer			8 Week
	n certificate inding phys use as the	//Medical	that initiated evants rasulting in death) Last	■ d	Dua to (or as a o	consequance ot):		ci		
ROX	attendi	clar	Don'ti Other similianat annulitan	a a salah alam a salah bi	A DISABOLO MANDO DE		The Landson			
	that the ed by th detache	e Completed by Physician/	Part II. Other significant condition	Liary C	at not resulting in	tha undariying cause g	given in Part I.		Yes 2 No	antribute to the cause of dea
or vital Records,	been should								s an sutopsy ormed?	24b. Wara autopsy finding available prior to complation of causa of death?
T	The law ate has b page 2 s								Yas 2 No	- 1
<u> </u>			25. Was casa raferred to medical				00 Div / D			1 Yas 2 No
>	Physician: this certific ral director.	o Be	axaminer?	Hospital:	nt 0∏EB/0	tration 3 DOA 0	Wher	eath (Check only		and (Consider)
0	Phy r this	T: To	27. Manner of Death	28a. Data of Injur	y 28b. 1	itpatient 3 DOA Time of 28c. fnj njury		Home 5 Res	how injury occur	
DIVISION	the Hospital or Attanding Phin 24 hours after death. The Funeral Director: After the present filled in by the funeral	Certification:	1 Natural 5 ☐ Panding 2 ☐ Accidant Investiga 3 ☐ Suicida 6 ☐ Could no	ion (Month, Day	Year) I		Yas 2 No			ber or Rural Route Number,
2	pspital or A hours after ineral Dire ly filled in b		4 Homicide datarmin	building, afo	: (Specify)			City or To	wn, Stata)	
	n 24 hours n 24 hours ne Funeral pretely filled	edical	29e, Cartifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the best of aminer: On the basis of and manner sta	axamination and	, ueeth occurred at tha d/or investigetion, in my	uma, date and ple opinion, deeth oc	ce, end due to the curred at tha tima,	data and place,	annar as stated. and due to tha cause(s)
Y	- FE	W	29b. Signatura and file of certifier	ordanin	MD		8206		Septem	d (Month, Day, Year)
1			30. Mayne end addrass of person with the compact of	o completed cause of de Khovdavian	eath (Itam 23a) (Type, Print) N. Wol	fe Street	et Ba	Himore,	n021287
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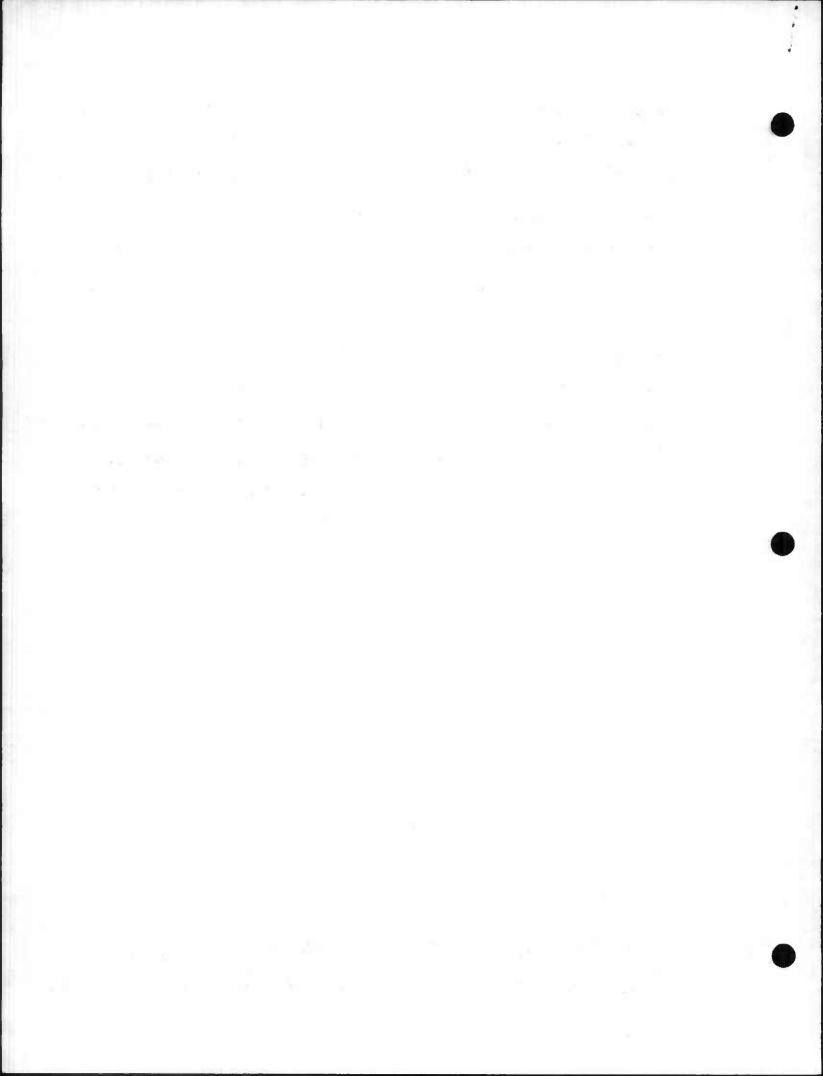


State of Maryland / Department of Health and Mental Hygiene

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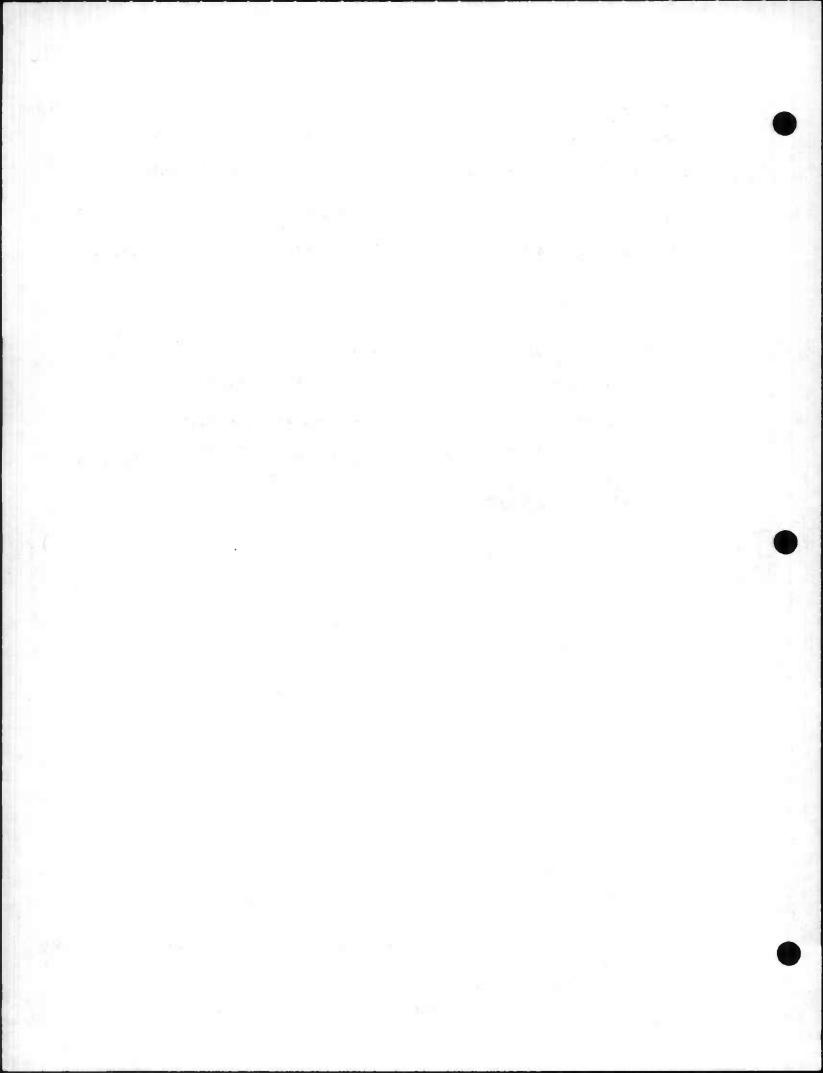
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						Cer	tificate o	f Death		Reg.	No.				
	Physic	ion	Decedent's Neme (First, Mid	die, Last)						te of Deeth	Dev	Veer	3. Time of Death		
	Physic /Medi		Agnes Ha	mer						pt. 1			9:46 am		
۱	Exami		4a. Facility Neme (If not instituti Johns Hopki					100	wm, or Location	of Deeth	-				
	Funeral		5. Sociel Security Number	6. Sex	7. Age (In yrs. I	lest birthday)	If Under 1 Ye		24 Hrs. 8. Del	te of Birth		9. Birthp	lece (Stete or Foreign		
	Director		215-10-8254 Usuel Residence of Decedent	10 M 2/2 F	80	Yrs.	Months De	ys Hours				Mar	yland		
	land w m		10a. Stete 10b. Count	ty	10c. City	y, Town or Lo	cation					1	Od. Inside City Limits		
	Sa-f sh offfied	ector		ltimore		Dun	dalk						1 ☐ Yes 2 ☐ No		
	th with the 23a or 2	Funeral Director	10e. Street and Number 3402 McSha	ne Way			10f. Zip Code 2122			10g.			itry?		
020	72 hours after death with the Maryland natural; or items 23s or 28s-f show olds Examiner mast be notified at	by Funer	11. Maritel Status 1 □ Never Merried 2 ☑ Me 3 □ Widowed 4 □ Divorce	Armed F orried 1 Yes	2V No		Ves Decedent of Yes, specify C		igln? (Specify Y∉ n, Puerto Ricen,	es or No- etc.)	Bled	ck, White,	etc.		
21215-0020	natural',	8		ent's Education	Deles.	16e, Deced	ent's Usuel Occ	cupation		166	. Kind of Br	usiness/Inc	dustry		
215	hin 72	Completed	(Specify only high Eiementery/Secondary (0-12)	est grade completed	() (1-4or 5+)	(Give	kind of work do OO NOT use ret	ne dunin <i>g m</i> osi ired)	t of working				,		
21	filed within Hygiene. ther than	, E	9 vrs.	Conege	(1-401 34)	Hou	sewife	2		H	Iome				
Maryland	a la b	To Be	17. Fether's Neme (First, Middle John N. Qu						er's Neme (First, na Hom		den Sumen	10)			
ary	should ind Men marke urnetic	-	19e. Informent's Neme/Reletion	nship (Type, Print)		19b. Meilin	g Address (Stre	eet and Numbe	er or Rural Route	e Number, Ci	ity or Town,	Stete, Zip	Code)		
	and 2 alth ar		Thomas H.	Hamer	son	814	2 Plea	sant	Plains	Rd.	Tows	on M	id. 21286		
Ore	of He He of He		20e. Method of Disposition		20b. P	lece of Dispos	sition (Neme of netary or other p	olece)	Dete	200	Dey Year 13. 1996 9:46 Ith 13. 1996 9:46 Ith 13. 1996 9:46 Ith				
altimore,	permit. Peges 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra once.		1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (State		Of Fa		9-1	-17 Rosedale					
alt	Departr Importu any inje		21. Signeture of Funerel Service Licensee 22. Neme and Address of Fecility Connelly Funeral Home of Division of South Connelly Funeral Home of South Connell												
8	20529		Connelly Funeral Home Of D 7110 Sollers Point Rd. 212 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.												
	Physician		23e. Part1. Enter the diseese, of shock, or heert fellure. Lis	or complicetions that st only one cause on	ceused the deeth each line.	. Do not ente	er the mode of o	tying, such es	cardiac or respi	retory errest,	.uz	1222	Approximete Intervel Between Onset and Deeth		
1	/Medical Examiner		immediate Cause (Finel disease or condition resulting in death) e. Cardina Ventricula Arrythia Due to (or es e consequence of):												
	5.50	ē			£	. 0		1							
	betr unsit	Examiner		b			my opat	hy					Years		
68760,	certificate be executed ding physician and se es the burial-transit		Coust. Enter Oriotry ing												
587	phys phys s the	/Medical	resulting in death) Lest	"	/ Due to (or	es a consequ	uence of):	-				i			
Box (Years		
	0 0 0	Physician	Pert II. Other algnificant condit	lons contributing to	death but not resu	ilting in the un	derlying cause	given in Pert I.	. 2:	3b. Did tobe	cco use co	ntribute to	the cause of death?		
P.0	that the de		HTM, DM H	IN II. I	HATTAN FI	brillary	20			1 Yes	2□ No	Years Years o use contribute to the cause of death?			
of Vital Records,	iaw requires that the as been signed by the 2 should be detache	d by		ype It, 1					24	a Mas as a	utonnu	24h W	are autoney findings		
200	been shoul	Completed	Hypothyro:	relism								av	alieble prior to mpletion of cause		
Re	0 - 8	ф	(' '								· Tru				
G	icien: The certificate rector, pag		25. Wes cese referred to medic	al							21X(No	11	J Yes ZCI No		
>		To Be	examiner?	Hospitei:] inpatient 2 🖼	ER/Outpetien	3 DOA	Other	ol Deeth (Chec		6 DO#h	or /Cnacih	ul.		
0	ing Phys h. After this funeral d		27. Menner of Death	28a, Dete	of Injury	28b. Time of	28c. Ir						77		
0	Attending is death.	atlo	1 Neturei 5 ☐ Pend 2 ☐ Accident inves	ing (Mo	nth, Dey Year)	Injury		Vonc7 ☐ Yes 2 ☐ I	No						
Division	3 4 5 5	Certification:	3 Suicide 6 Could deten	mined 256, Piec	e of Injury - At ho ding, etc. (Specify	me, ferm, stre	et, lectory, office	xe .				er or Rura	il Route Number,		
_	Hospital	edical C	29e. Certifier 1 Certifyl (Check only one) 2 Medica	Examiner: On the I	e best of my know basis of examineti	wledge, death ion end/or inv	occurred et the	time, dete en y opinion, deel	d plece, end du	e to the ceus ne time, date	e(s) end ma and plece,	anner as si	tated. o the ceuse(s)		
	d d d	M	29b. Signeture end title oi certili				29c. Lice	ense number		29d.	Dete signe	d (Month,	Dey, Year)		
	0		CSAC	101.1	_ MI		NC	1747	9	4	1/12/	C/			
٨	(A)		30. Neme and eddress of person	n who completed cer	use of death (Item	23e) (Type I				/	1171	10			
	-10			EMMER	JA	146	5505	Hopkin	rs Baur	IEW C	incle	BAG	TO. MD.		
	Sta		31. Dete liled (Month, Day, Year		Registrar's Signat	ture.					-				
	Registi	rar	SEP 181996	0	May - Nation										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6

						C	ertific	ate of	Death		Reg. No.		41100
Physi	cian	1. Decedent's Nam	a (First, Middla, I M. Jord							2. Dete of D Month	Day	Yaar ,	3. Tima of Death
/Med Exam	dicai	4a. Facility Nama (If not Institution, g		per)				4b. City, Town, o Baltimon	Septem r Location of Dea re	th 4c. Count N/A	1996 y of Daath	6:35 An
Funera Directo		5. Social Security N 224-22-8	3895	Sax 7	Age (In yrs	lest birthde Yrs.	y) If Un Mont	hs Deys		n. (Month, D	rth ay, Year) 1922	9. Birthple Count	aca (State or Foraign Iry) A
death with the Maryland rms 23a or 28a-f show	ctor	Usual Rasidance of 10a. Stata MD	Dacedant 10b. County N/A		10c. C	ty, Town or	Location	BAI	то			10	od. insida City Limits XXYas 2□ No
23e or 28	ral Director	10e. Street and Nut		AVE			10f.	Zip Coda	21218		10g. Citizan of	What Count	
72 hours after death with the Marylan "netural", or Hems 23a or 28a-f show office Evamines must be notified at	by Funeral	11. Marital Stetus 1 □ Naver Merr 3 ☑ Widowed	ed 2 Marriad	12. Was Dacedo Armad Force 1 Tas 2 If Yas, Giva Yaar or Date	as? ⊠No	J,S. 13		specify Cut	Hispanl <i>c</i> Orlgin? (pan, Maxican, Pua Specify:	Specify Yas or N irto Ricen, atc.)		ce - Amarice ck, Whita, a BLAC	itc.
should be filed within 72 h nd Mental Hygiene. marked other than "natu imatic event, in Wed ca	Completed	(Space Elamentary/Saco 12th	15. Decedant's I sify only highast g ndary (0-12)	Education rada complated) Collega (1-4 N/A	or 5+)	(Gin	a kind of	T usa retire	during most of w	orking	16b. Kind of B		ustry
al Hyg	BeC	17. Fether's Neme								ama (First, Middle		na)	
should be nd Mental merked o	To	GEORGE								TAYLOR			
d 2 sho th and 7 Is me traum		19a. Informant's Na							tand Number or F				Coda)
permit. Pages 1 and 2 should Department of Health and Men Important: If item 27 is marke any injury or other traumatic angles		20a. Mathod of Disp	oosition	□Removal from Sta	ata	Place of Discomatary, cr	position (i	Name of or other pla	ice)	Data SEPT 20	20c. Location	- City or Tov	
Departm Departm Importar any inju		21. Signatura of Fu	Sarvica Lice	ensaa Birth			22. Nama	end Addr		ETTS FU	NERAL	HOME	
Physiciar /Medica Examine		23a. Part1. Entar the shock, or heel Immediata Ceusa (diseese or condition resulting in deeth)	Final	nplicetions that ceu y ona causa on aec	sed tha daar h lina. Ny o		,		ing, such as cardio		errest,		Approximete Interval Between Onsat and Death
cuted nd ransit	Examiner	Sequentially list cor	aditions	b	se	psi's rasa cons							13 years 10 days
icate be executed physician and s the burial-transit		Sequantially list cor if any, laeding to im ceusa. Entar Unda Cause (Disaasa or that Initiated events	injury	c	61	_ 7	Hell	ling					10 days
eath certificat attending phy for use as th	n/Medical	rasulting in daath) L		d	Dua to (c	r as a conse	equenca o	or): <i>O</i>					•
the att	Physician/	Part II. Othar signifi	cant conditiona	contributing to daat	h but not ras	ulting In tha	underlyln	g ceusa gi	ven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
res that the designed by the a	by Ph									1 🗆	Yes 2 No	3 Probe	ably 4 Unknown
aw requi	Completed								7 7	24a. Was	an eutopsy ormad?	com	ra autopsy findings lleble prior to spletion of ceuse seth?
										10	Yas 2 No	10	Yes 2□ No
oertifica certifica	o Be	25. Wes case referr axaminar?		Hospitel:	O	50/0		DO. Ott	har:	ath (Check only			
	atlon: To	27, Mennar of Death 1. Netural 2 Accident		28e. Deta ot t (Month,		28b. Time Injury		28c. Inju Wo	4 Li Nursing	Homa 5 Rasi 28d. Dascribe	dance 6 Oth	-	
ital or me urs afteres rai Directi lied in by m	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not I datamined	building,	atc. (Specif	y)				City or To			
To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Certifiar (Check only one)	1∰ Certifying Pi 2☐ Medical Exa	hysician: To tha be miner: On the basis and mennar	of axamina	wledge, daa tion and/or l	th occurrenvestigati	ed at tha the on, in my o	ma, date and plec opinion, daath occ	e, and dua to tha urred at tha tima,	ceusa(s) and ma data and place,	nner as sta and dua to t	ted. he causa(s)
To th Vithir Comp	Me	29b. Signeture end t		0		pl r			se number 2438	946	29d. Data signa Septer		
10		30. Nama and addre	ss of person who	Fred Course of August 1984	f daath (Itan	23a) (Type	n, Print)	Un	ion m	emeria	O Hos	pita	2
St	ate	31. Data filed (Month	N. Day, Year)	S. 32 Begi	strar's Signa	tura			, , , , ,			1	

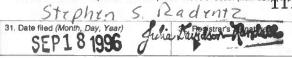


State of Maryland / Department of Health and Mental Hygiene

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					Ce	rtificate of	Death		Reg. No.	20	41131
	Physic	an	Decedent's Name (First, Middle, La ANTHONY	ast)	7011	NICONI		2. Date of Dea	ith	Year	3. Time of Death
	/Medi	cal			JOH	NSON		sept		998	2300 P
	Exami	ner	4a. Facility Neme (If not institution, gin 5137 PARK H)	EIGHTS AVE			4b. City, Town, or BALTIMO		4c. County	y of Deeth	
	Funeral Director		212-70-6355	Sex 7. Age (In yrs. 36	lest birthdey) Yrs.	Months Days			, Year)	9. Birthpl Count	lace (Stete or Foreign try)
	dand tand		Usual Residence of Decedent 10a. Stete 10b. County	10c. Cit	, Town or Lo	ocation				1	0d, Inside City Limits
	Mary	tor	магуland ÑА	Ral	timor	۵					1 X Yes 2 □ No
	or 28	Director	10e. Street and Number	1201	CIMOL	10f. Zip Code			10g. Citizen of	What Coun	itry?
	ath w			erry Avenue		2121			USA		
21215-0020	2 should be filed within 72 hours efter death with the Maryland and Mantal Hygiane. Is marked other than "natural", or Herra 23a or 28a-f show aurmatic event, the Medical Examinet must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		Was Decedent of lif Yes, specify Cub 1 ☐ Yes 2 ☐ No	Hispanic Origin? (S pan, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		ce - America ck, White, of by: Bla	etc.
5	72 ho	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	16a. Dece	dent's Usuai Occu	pation during most of wor	tkina	16b. Kind of B	usiness/ind	lustry
12	vithin ne. han	mpi	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retire	ed)	King			
9	ould be filed with Mantal Hygiane. srked other than atic event, tre M	Co	17. Fether's Name (First, Middle, Last		AVA		18 Mother's Ner	ne (First, Middle,	NA Maldan Suman	nel	
an	id be antal ked o	To Be	Charles Johns					Edmond		110)	
Maryland	should and Man	-	19e. Informant's Name/Relationship (Type, Print)	19b. Maili	ng Address (Stree	t end Number or Ru			, Stete, Zip	Code)
	1 and 2 Heelth a lem 27 is		Hellen L. Tyle	er/ mother	4909	Queen	sberry	Avenue	Balte	o. Mic	d. 21215
Baltimore,	permit. Pages 1 and 2 should Department of Heelth and Mar Important: If item 27 is marks ony Injury or other traumatic 9059.		20e. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ 4 □ Donetion 5 □ Other (Specif	Removal from State Xir	ng ine	z. Ivame and Addit	Park 9	UNITY	Baltin FUNE	nore	wn, Stete , Marylan HOmê
			23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications the saused the death							Approximete Interval Between
	Physician /Medical Examiner	ner	Immediate Ceuse (Final disease or condition resulting in deeth)	a. Multiple Due to (or	es a consec		Wound-	S			Onset and Death
	the death certificate be executed y the attending physician end ached for use es the burlet-transit	Examiner	Sequentially ilst conditions,	b. Due to (or	as a consec	quence of):					
50,	oe execian e		Sequentially list conditions, if any, leading to Immediate cause. Enter Undertying Cause (Disease or Injury								
68/60	physic the b	edical	that initieted events resulting in death) Last	Due to (or	es a conseq	uence of):			-		
×	eath certific attending p	2		d							
20	d for u	iciar	Part II Other elanificant conditions o	ontelligation to double but not soon	bion to the	and and the second and	and the Donald	not but a		1	
S, P.O	v requires that the death been signed by the atte should be deteched for	by Physician	Part II. Other significant conditions of	ominating to death out not resu	iting in the u	nderrying ceuse gr	ven in Part I.		ss 22No		the cause of death?
Hecord	2 8 8	Completed					-	24a. Was e perior		ava con	re autopsy findings aliable prior to appletion of cause death?
	The L	Con	×					1.25 Y	es 2□Nö	10	Yes 2□ No
VITAI	ysician: The	Be	25. Was cese referred to medicel examiner?	Hospital:		011		th (Check only or			
0	this aldi	- To	1 Yes 2 No 27. Manner of Death	1 □ Inpatient 2 □ E	R/Outpatien	I SLI DON		ome 5 Reside			SCENE
0	ding in.	tion	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Year)	Injury	Wo	rk? Yes 2 2 No				,
JIVISION	or Attending after death. Director: Afte In by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At hor	ne, farm, str			28f. Location (Si	reet end Numb	per or Rural	Route Number.
5	s after si Direction bed in b	Cert	4 💋 Florificide	building, etc. (Specify,				Baltimor			Heights Ave
	the Hospital or an 24 hours afte the Funeral Dir npletely filled in	edicai	29e. Certifier (Check only one) 1 Certifying Ph	ysictan: To the best of my knowniner: On the basis of examination and manner stated.	ledge, deeth	occurred at the tir restigation, in my o	me, dete end plece, ppinion, deeth occur	and due to the o	euse(s) end ma	anner as stá	ated.
(×	29b. Signature end title of certifier	1 1/las	elp	29c. Licens	c.M.E	S	9d. Dete signed EPT 12	d (Month, D	Pey, Year)
	4		30. Name and address of person who	completed cause of death (Item	23e) (Type,	Prin S	treet.	Baltimo	re. Ma	arvla	and 21201

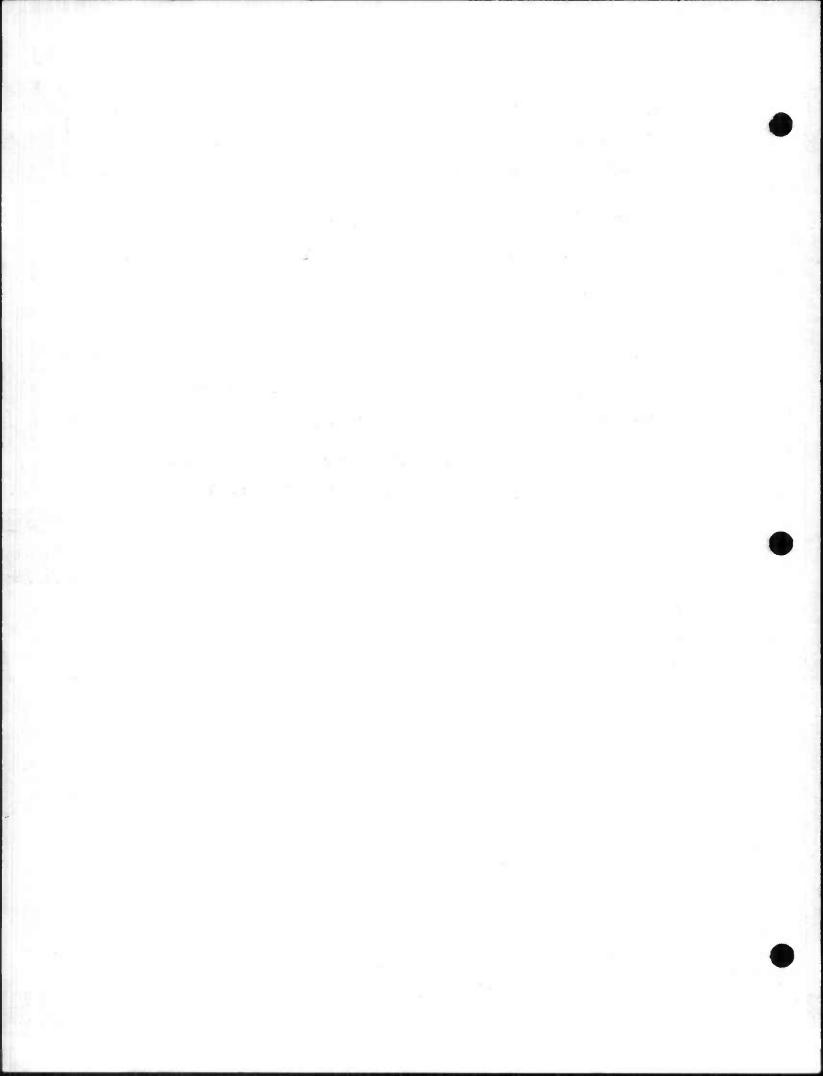
State Registrar



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State of Maryland / Department of Health and Mental Hygiene 96

						C	Certificate o	f Death		В	leg. No.	(J)	- 1 1 0 0	
			1. Decedent'a Neme (First, Middle, Lo	ist)						2. Date of Dea	th	.03/	3. Time of Deeth	
	Physici /Modi		HELEN]	ONES					5	Month	Dey 13-	1996	350H	
	/Media Examir		4a. Facility Name (If not institution, gi		er)			4b. City, To		ation of Deeth	4c. County		2 717	
1	LAGIIII	161	JOSEPH RICHEY					BALT	TIMORE	CITY	N/	- Interest		
r	Funeral Director			Sex 7. 1 □ M 2√2 F	Age (In yrs. I	ast birtho	Months Dev	ar If Under		B. Dete of Birth (Month, Day	Year)	9. Birthpi Coun		
١.			Usuai Residence of Decedent							SEPT.	16,1923	VIRG	INIA	
	show		10a. Stete 10b. County		10c. City	, Town o	r Location					11	Od. Inside City Limits	
	Man	ō	MARYLAND N/a		F	דיד. ז בא	MORE CITY	7					1 ☐ Yes 2 ☐ No	
	the Manyla 28a-f shorn notfled at	9	10e. Street and Number			A ILLI	10f. Zip Code				Og. Citizen of V	Mhat Cour	Λ	
	th with	Funeral Director	4738 HOMESDALE	AVENUE				21 2 06			U.S.	A		
		nue	11. Marital Status	12. Was Decede Armed Force	s?	S. '	 Wes Decedent of If Yes, specify Control 	f Hispenic Or uben, Mexica	igin? (Spec n, Puerto R	ify Yes or No- ican, etc.)		e - America ck, White, e		
050	8 6	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 Yes 2 If Yes, Give Year or Date			1□Yes X□N	lo Specify.	:		Specify	BLA	ACK	
5-0	72 hours "natural", N cal E) te	15. Decedent'a E (Specify only highest gr	ducation		16a. De	ecedent's Usual Occ	cupation	at of working	,	16b. Kind of Bu	alneas/Inc	luatry	
21215-0020	F . E	Completed	Elementary/Secondery (0-12) 12TH	College (1-40	or 5+)		ive kind of work don le. DO NOT use ret BEAUTICIAN		St OF WORKING		PRIVATE	RUST	NECC	
	H S F		17. Fether's Neme (First, Middle, Las					-	er's Name		Maiden Sumam		.IVE.SS	
Maryland	s 1 and 2 should be filed wit f Health and Mental Hyglend tem 27 is marked other tha other trsumatic event, tre	o Be	ELISHA JONES									,		
2	should by and Ments marked	L P	19a. Informant's Name/Relationship	Time Print)		10h M	laiting Address (Ctre			TH JACI		Ctata 7ia	Code	
Ma	d2s han 7 ls r		BARBARA BROWN	Type, Plint)			lailing Address (Stre 8 HOMESDA					State, Zip	Code)	
	1 end 27 Health em 27 in ther fr		20a. Method of Disposition		Tanh Pi				BAL	TO, MD.	21206	Oh T-	0.1	
Baltimore,			1 ★ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Speci				isposition (Name of crematory or other p ON CEMETE		SEPT.		20c, Location -			
Balti	permit. Page Department of Important: If eny injury or once.		21. Signature of Funeral Service Lige	Tisee \		1	22. Name end Add	dress of Facili	ity	EPT. 17, 1996 BALTO,MD. GS FUNERAL HOME				
	20200		1 alven). OU	uan)				ALTO, M	D. 2	1213			
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	plications thet caus	sed the death	. Do not	enter the mode of o	lying, such es	cardiec or	respiratory err	est,		Approximate Interval Between	
1	Physician /Medical		Immediete Cause (Final	1	0								Onset and Death	
	Examiner	-	disease or condition resulting in deeth)	Θ	class		tory	COL	rec			in	ninutes	
		-		^	Due to (or	as e cor	sequenca of):	h		0	21200	- 1	10000	
	ted nsit	Examiner		b / V	Uta	sta	auc C	DVar	10	n Ce	ance	7	years	
	and and al-fra	Xa	Sequentially list conditions, if any, leading to immediate		Due to (or	aa a con	sequence of):					i		
68760,	ertificate be executed ing physician and e as the bunel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	C										
87	sate shys	edical	that initiated events resulting in deeth) Lest		Due to (or	as a con	sequence of):					i		
34	ing ing	Me	L	d								1		
Bo	death or e attended for us	an	_	u										
	that the death certifi ed by the attending detached for use as	Physician	Pert II. Other significant conditions of	ontributing to death	but not resu	iting in th	e underlying cause	given In Part	l.	23b. Dld to	obacco use cor	ntribute to	the cause of death?	
P.0	by t	Phy								1 U Y	es 2 No	3 Prot	eably 4 Unknown	
	on de de	by												
Records,	w requires that the been signed by the should be detached									24a. Was a	n autopsy	24b. We	ore autopsy findings	
S		Completed								perior	ineu i	cor	mpletion of cause death?	
R	6 4 6	E								100	es 22No		Yes 2 No	
a			25. Wes case referred to medical					22.54	1 m 1/2				3 162 5 5 140	
Vital		o Be	examiner?	Hospitel:				Wher		Check only or			hachila	
ō	£ 5 8	-	27. Manner of Deeth	1 ☐ Inpa		ER/Outpa 28b. Tim	III JU DON	4 LI NI			enca 6.20th		nosmu	
5	Ilng Ph I. After th funeral	ion	1 Natural 5 ☐ Pending	(Month, I	Day Year)	Inju	ry V		_	o. Describe in	ow injury occurr	60		
Division	Attending or deeth.	Certification:	2 Accident Investigation 3 Suicide 6 Could not be			-101 2000		Yes 2		V 1 10				
<u>\S</u>	or At offer of Direct in by	E	4 Homicide determined	289. P/809 01	etc. (Specify	me, term,	, street, fectory, offic	×8	28	City or Town		er or Hura	Route Number,	
	ital direction of the control of the	ပိ												
	to to the total	cal	(Check only 2 Medical Example 1997)	ysician: To the bea	st of my know	riedge, de	eeth occurred et the r Investigation, in m	time, date an	nd place, an	d due to the c	ause(s) and me	nner es st	ated. the cause(s)	
	To the Hospital or Attending within 24 hours effect deeth. To the Funeral Director: After completely filled in by the fune	edical	one)	and menner	steted.				Juneari et	. at the time, o	und place, t			
	To	Σ	29b. Signeture and title of certifier	\bigcap	A 0		29c. Lice	nse number		2	9d. Date signed	1 (Month, I		
-	- 1	1	> souls	UST		er	L	1000	000)	Ser	1-13	,1996	
1	14	1	30. Neme and address of person who	completed cause o	f death (Item	23e) (Tv	pe, Print)				-			
(*	0		600 n. 1	would	e S	4	2128	7						
'n	Sta		31. Dete-filed (Month, Qay Coc	de les suis	loors alan	WALL	× .				-	-		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time Dath Day Margaret Appolonia 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 6650 Loch Hill Road Baltimore Baltimore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) 1□M 2Q € Vre 213-74-5393 93 February 6,1903 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Baltimore Maryland Towson 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? 808 Mockingbird Lane 21286 USA Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indian. Biack, White, etc. 1 Never Married 2 Married Specify White 1 Tes 2/1/N/ Specify: XXXWidowed 4 Divorced Year or Dates: 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) 10 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) John Reil Hahn 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Doris Stehley Daughter 6650 Loch Hill Road Baltimore, Maryland 21239 20e. Method of Disposition 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete XX Suriel 2 Cremetion 3 Remove from State 4 ☐ Donetion 5 ☐ Other (Specify) 9/20/96 Most Holy Redeemer Baltimore, Maryland 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Mitchell-Wiedefeld Home Part 1 Phier the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, show, or heart failure. List only one pause on each line. Approximate Interval Between Onset and Death Immediate Cause (Finel diseese or condition rasulting in death) Insufficiency Sequentially list conditions, if eny, leading to immadiate ceuse. Enter Underlying Cause (Disaese or Injury that initieted events resulting in daeth) Lest Dua to (or as a consequance of): Due to (or as e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? 2 HNo 1 Yes 1 ☐ Yes 2 ☐ No 25. Was casa referred to medical exemine? 1 Tyes 2 1 Mo 26. Place of Death (Check only one) Hospitai: Other: 4 □ Nursing Home 5 ☐ Residence 6 □ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined

The law requires that the death certificete be axecuted the ettending physician and hed for use as the burial-trar Division of Vital Records, P.O. Box 68760 жте пез been signed by I page 2 should be detach ertificate hes

Examiner Physician/Medical

Physician

/Medical

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Funeral

Director

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r than "naturel", or items 23a or 28a-f ehov tre Medical Examinar must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after of Department of Heelth and Mental Hygiene. Important: if Nem 27 is marked other than "naturel", or Iten any Injury or other traumatic event, tra Medical Expenses

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altimore, Maryland 21215-0020

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29b. Signature and tiple of certifi

8 1996

29a Cartifiar

i or Attending Physician: after death. Director After this certifica To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th

Registrar

erson who complated cause of death (item 23e) (Type, Print)

2. Registrar's Signeture

28e. Piace of Injury - At home, farm, street, fectory, office building, etc. (Specify)

er: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the ceusa(s) and manner as stated Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the

29d. Date signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

State of Maryland / Department of Health and Mental Hygiene

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_						Ce	rtificate of	Death			Reg. No.	20	41170
	Dhysia	ion	1. Decedent's Name (First, Middle,		11					2. Date of De		Veer	3. Time of Death
	Physic /Medi		CHARLES	EDWARD	KEL	LY,	SR.			SEPT	16	996	2108 PM
	Exami		4a. Facility Name (If not Institution,		r)			4b. City, To		ation of Deal	h 4c. Count		
			ST. AGNES HOSP							IMORE		N/A	
	Funeral Director	ı	5. Social Sacurity Number 216-28-8995 Usual Residence of Decedent	37714 OF F	ige (In yrs. last	birthday) Yrs.	If Under 1 Year Months Days		Min.	B. Dete of Bi (Month, De MAY 11	th ay, Year) ,1931	9. Birthp Coun BA	lace (Stete or Foreign try) LTIMORE
fand	M W		10a. Stata 10b. County		10c. City, To	own or Lo	ocation					1	0d. Inside City Limits
Mary	Ted	to	MD N/A			В	ALTIMORE						1 Yes 2 □ No
h the	x 28	Director	10e. Street and Number				10f. Zip Coda				10g. Citizen of	What Coun	try?
th wil	23a c		1022 ROCKHILL A	VENUE				212	29			U.S.A	•
21215-0020 d within 72 hours after death with the Maryland	al', or items 23a or 28a-f show Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 🛣 Married 3 □ Widowed 4 □ Divorcad	12. Was Daceden Armed Forces 1 1 Yes 2 If Yes, Give Year or Dates:	? No		Was Decedent of If Yes, specify Cul			cify Yes or Notican, etc.)	14. Rad Ble Specil	ca - Americ ck, White, o	
5-0 72 ho	"natural"	Completed	15. Decedent's	Education	18	Ba. Deced	dent's Usual Occu	pation	4.445	_	16b. Kind of B	usiness/Ind	Justry
vithin 7	. c 4	npie	(Specify only highest Elamantary/Secondary (0-12)	College (1-4or	5+)	life.	kind of work done DO NOT use ratin	ed) ed)	it of workin	g			
d 21		Con	12TH GRADE			TR	UCK DRIV	ER			McCLE	AN TR	UCKING
pue #	d other event, I	Be	17. Father's Name (First, Middle, La	,							, Maiden Surnar	ne)	
aryla	nd Mental marked o	10	JOHN EDWARD KEL					1	JANET	LULA	GERWIG		
₹ 2 pu	27 is r trau		19a. Informant's Name/Ralationship ROSA LEE KELLY		1	022	ng Address <i>(Stree</i> ROCKHILL						Code) 229
imol Pages	nent of Hei ant: If item ary or othe		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		ceme	tery, crer	sition (Name of matory or other plo E CREMAT	,	NC.9/	Date 18/96	20c. Location BELTSV		wn, Stete
Balt permit.	Department of important: If any Injury or otice.		21. Signeture of Funeral Service Lic	ensee		HU	Name and Addr BBARD FU	NERAL	HOME		, and a		
	AW.		23a. Part1. Enter the disease, or co	mplications that cause	d the death. D	o not ent	07 WILKE er the mode of dy	ing, such as	cardiac or	respiratory e	rrest, MD	21	229 Approximete
Ph	ysician	П	shock, or heart failure. List on	ly ona cause on each	line.								Interval Between Onset and Death
	Medical		Immediate Causa (Final diseese or condition	Can	60 C	Bar	e-						3 20.1
Ex	caminer		resulting In death)	a. 300	Dua to (or as								20.082
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c 68760, artificate be executed	physician end the buriel-transit	Examiner	Sequentially list conditions,		Bua to (or as	a conseq	uenca of):						8
8, 80	cian	E E	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disaase or Injury	· Bron	chople	eura	1 fistre	la					7 days
68760,	physi the	edicai	that Initiated events resulting in death) Last		Due to (or as	a conseq	uence of):	-				1	0
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Box eath cert	ettending p	clar		- 25/45 E = -					0	(i	
P.O.	ned by the ettending detached for use	Physician/	Part II. Other significant conditions	0	out not rasulting	In the ur	ndarlying cause gi	iven in Part I			/		the cause of death?
T that	igned b	by P	A. Zibrillat	on						160	Nes 2□ No	3 Prob	ably 4 Unknown
SION Of VITAL RECORDS, P.O. BOY	peen s should	Completed b								24e. Wes	en autopsy ormed?	con	re autopsy findings slieble prior to appletion of cause death?
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ta E	certificate he rector, page	0	25. Was case referred to medical					28 Place	of Death	(Check only			7195 204110
of Vita	direc	0	examiner?	Hospital: 1 Dinpati	ent 2 ER/0	Outnation	t 3 DOA Ot	her.			dence 8 🗆 Oth	er (Specify	,1
ISION O	Ather this funeral	tion: T	27. Manner of Death 1 Natural 5 Pending 2 Accident investigat	28a. Date of Inju (Month, Da	Jry 28b	Time of Injury	28c. Inju	-	28		how Injury occur		
DIVIS	Director 1 in by th	Certification:	3 Suicide 6 Could not datermine	be 28e. Place of In			eet, factory, office	·	28	Bf. Location (City or To	Street and Numb wn, State)	ber or Rural	Route Number,
Hospita	Funeral Funeral stoly file	edicai C	29a. Certifier (Check only one) 1 ☐ Certifying F 2 ☐ Medical Ext	Physician: To the best	of axamination a	ge, death and/or inv	occurrad at the ti	ime, date an opinion, daa	d place, ar	nd due to the	cause(s) and madata and place,	annar as sta	ated. the causa(s)
o the	Wilhin To the comple	Me	29b. Signature and titla of certifier	and manner st	atao.		29c, Licen	sa number			29d. Date signe	d (Month, L	Dav. Year)
P	× 1- 0		10062	· MD			200				09/16		
	01		30. Name and address of person wh	complated cause of	daath (Item 23a	(Type, I			VEC	MASO.		1910	
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registr	rer's Signature	Randa	2011	וישו זכ	- NO	. (03)	111		
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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF N	MARYLAND / DE	PARTMENT O	F HEALTH	AND MENTAL	HYGIENE
	CER	TIFICATE (OF DEAT	TH .	REG. NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, La	ist)	OLIVIII	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		KORYCKT				Sentember	15 190	11:45 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	-	NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	BIRTHPLACE (State or Foreign country)
	214-12-8857 90. FACILITY NAME (If not institution, gi	* *	90 YRS.	CITY TOWN C	R LOCATION OF DI	Dec. 11,19	9c. COUNTY	aryland
DIRECTOR	RIVERVIEW NUR		NC.	Essex		-AIN		imore
ZEC.	10e. STATE 10b. COU		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland	N/A	I	Baltimo	re City			1 X YES 2 NO
FUNERAL	3705 Foster	Avenue		101	ZIP CODE 2122	24	U.S	of what country?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yee, sp		NIC ORIGIN? (Specify Yee in, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest g	rade completed)	16a. DECEDENT'S US (Give kind of word life. Do NOT use n	k done durina mo	ON st of working	16b. KIND OF BUS	INESS/INDUST	RY
PLE	Elementery/Secondery (0-12)	College (1-4 or 5 +)	House	vife		Own	Home	
NO.	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden		
BE (Kazimer Ro	menski				asia Makow		
10	190. INFORMANT'S NAME (Type/Print) Walter Ochab	(Nephew)	923 Ess			Sex, Md. 2		•)
	20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Fig. Donation 5 Other (Specify)		PLACE AND DATE OF LIVER ROSALY			8/1996 Ba	ation - city	
	21. SIGNATURE OF FUNERAL (EPIVING		ry Mosary			cility uneral Hom		e w., ru.
	13	0 4						x, Md. 21221
CERTIFICATION	shock, or heert fellur immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	b. DUE TO (OR AS A		TIC	HEA	RT D	SEAS	Interval Between Onset and Death SE UNKNOWN
MEDICAL	DID TOBACCO USE COI	HEART FALL VASCULAS	AILURE, F DEATH YES	HYPE EASE NO	RTENS	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 YES
2	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		THER:				
PHYSICIAN:	1 VES 2 10 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp	28b. TIME C	OF 26c, INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	ED .
ED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide datermine	be 26e. PLACE OF INJURY building, etc. (Spec	- At home, ferm, stre			261. LOCATION (Street e City or Town, Stete)	and Number or R	lural Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PI	HYSICIAN: To the best of my know	ledge, death occurred	at the time, date	end place, end due	to the cause(s) end mar	ner ee stated.	
	one)	MINER: On the beets of exemination						use(s) and menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERT	WHO COMPLETED CAUSE OF DE	M. O. ATH (ITEM 27) (Type, Pr	int)	29c. LICENSE NU D 400		≥ 9d. DATE SIG	GNED (Month, Day, Year)
	//	25 HALL, ONE			1D. , B.	ALTIMORE	EMO	,
	31. DATE FILED (Month, Day, Year) SFP 1 8 1996	July Davidson-10	delle.		7			
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State of Maryland / Department of Health and Mental Hygiene 96 27712

						Ce	rtifica	ate of	Death		F	Reg. No.	, 0	-1146
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Physician /Medical		Catherine E.	Lyn	ch						C	9/ 16			3:35
Examiner		4e. Fecility Neme (If not institution							4b. City, Tow	n, or Loca	ation of Deeth	4c. Count	y of Deeth	
		rederick Vil	la N	ursing	g Ce	nter			Cato		lle	Bal	timo	re
eral ctor	- 1	5. Sociel Security Number 2 1 2 - 4 0 - 0 8 2 4	6. Sex 1 ☐ M	2 F 7. A	ge (In yrs. 89	lest birthdey) Yrs.	If Unc Month	s Day:		Min.	Date of Birtl (Month, Dey) 8 / 2 7 /	v, Year)	9. Birth; Cou	plece (Stete or Fore ntry)
	- 1-	Usuel Residence of Decedent 10e. Stete 10b. County			140 01									
		EL END				ty, Town or Lo								10d. Inside City Lim 1 ☐ Yes 2 🖺
Irector	3	MD. Balt	imor	e	Ba	ltimo								1 Yes 2
al Dire	3	10e. Street end Number 546 Coleraine	Rđ.					Zip Code 2 1 2 2	9			U.S.		ntry?
by Funeral Director	5	11. Maritel Stetus 1 Never Married 2 Man 3 Widowed 4 Divorced	ried	Wes Decedent Armed Forces' 1 Yes 2 If Yes, Give Year or Dates:	?			37	Hispenic Original ben, Mexican, Specify:	In? (Speci Puerto Ri	fy Yes or No- cen, etc.)		ce - Amerieck, White, fy: White	
i g		15. Deceden				16e. Dece	dent's Us	uel Occi	petion	- d d . !		16b. Kind of 8	Businees/In	dustry
Be Completed		(Specify only higher Elementary/Secondery (0-12)	<u> </u>	Coilege (1-4or	5+)	Home:			e during most (ed)	of working		Own	Home	
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		John Travers	,									serly		
To		19a. Informent's Neme/Reletions	hin /Tune	Orint)		10b Maiii	na Addra	on /Ctra				r, City or Town	Otata Ti	- 0-4-1
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should be d											24e. Wes a	an eutopsy	24b. W	ere eutopsy finding
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- -		1 Yes 2 No		1 L Inpatie		ER/Outpatier		DOA	4 Me Nurs			ence 8 🗆 Oti		5/)
atlon	1	1 Neturel 5 Pendin 2 Accident investig	ation	8e. Dete of Inju (Month, De	y Year)	28b. Time of Injury	М	28c. Inji W	ork? ⊇Yes 2 □ No		d. Describe n	ow injury occu	rred	
Certification:		3 Sulcide 6 Could r determ	ined 2	8e. Pleca of Inj building, et	c. (Specifi	y)					City or Tow	n, Stete)		al Route Number,
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W		29b. Signature and title of conflier	1	, 4	01	mi	2	9c. Licer	se number	7	2	29d. Date sign	(Month,	Dely, Year)
	3	io. Name and address of person	who compl	and cause of d	leath (Item	1 23e) (Type,	Print)	U	11	11)	7/1	16/	96
Y		Willian	n E	- Mc	Gk	thin	10		1303	FY	2021	rick	1/6	24
State	3	31. Dete filed (Month, Dey, Year)	1000	32. Negistr	er's Signe	ture			60	Tor	11 S1	119 9	120	28 MI

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#16b g739 9/18/96ag perFH Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month 1190 Olepa 4a. Feclify Name (If not Institution, give street and number) 4b. City, Town, or Location of Daeth 4c. County of Death 40 If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) 9. Birthplece (Stata or Foraign 1□M 2□K Days Hours VIRGINIA 48 218-46-7840 Yrs Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits **PASADENA** 1 TYas 2 No ANNE ARUNDEL 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 8319 CATHERINE **AVENUE** 21122 STATES UNITED 14. Rece - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-It Yas, epecify Cuban, Maxican, Puerto Rican, atc.) 11. Maritai Status 1 Yes 2 No
It Yas, Giva
Yeer or Dates: 1 Nevar Married 2 Married 1 Yes 2 XNo Specify: BLACK Specify: 3 ☐ Widowed 4 ☑ Divorced 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry PATUXENT INSTITUTE Elemantary/Secondary (0-12) Collega (1-4or 5+) R.N. INSTITUTE years C.M.S. PATUENT 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) CHARL IE MACK MAYO LILLIAN 19a. Intorment's Neme/Raletionship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) GLORIA VICK CATHERINE AVENUE, PASADENA, MD 21122 20b. Place of Disposition (Name of cematary, cramatory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State Burlai 2 Cremetion 3 Ramoval from Stata
4 Donation 5 Other (Specify) (BURIAL) CEDAR HILL CEM. 9-27-96 ANNE ARUNDEL CO, MD 21. Signature of Funeral Service Liga 22. Nama and Addrass of Fecility MARCHFH. - 1101 E. NORTH AVENUE WM. C. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Intervel Between Onset and Deeth Immedieta Causa (Final Cardiac Arre disaasa or condition resulting in deeth) Dependent d'abeles. 6 years thrombojohlebitis 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy tindings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 0 No 1 Yes 2/J-M6

Physician /Medical Examiner

> pue physician e s the buriel-1

attending p

signed by the a d be detached

page 2 should b

certificate

this inneral

After

filled in by the

death.

Hospital or Attendi 24 hours after death. Funerei Director: A

To the Hospital within 24 hours a To the Funerei Completely filled

Records, P.O. Box 68760.

Division of Vital

Examiner -transit

Physician/Medical

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Completed

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Certification:

Medical

Physician

/Medical

Examiner

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Director

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MD

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Director

7 is merked other than "naturel", or items 23s or 28s-f shor treumstic event, the Medical Examiner, must be notified at

permit. Pegas 1 and 2 should be filled within 72 hours effer a Department of Heelith and Mental Hygiene. Introprant: If Nem 27 is marked other than "natural, or item eny injury or other treumatic event, the Medical Fran

altimore, Maryland 21215-0020

with the Maryland

death

Sequantially list conditions, if any, laading to immadiata cause. Enter Undartying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.

1 Inpatient 2 ER/Outpatient 3□ DOA

26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify)

27. Menner of Death 1 (PNetural

28a. Data of Injury (Month, Day Year) Invastigetion

28c. Injury et Work? 28b. Tima of

28d. Dascribe how Injury occurred

3 Suicide 4 Homicida

2 Accident

6 Could not be 28a. Place of Injury - At home, farm, streat, tactory, office building, atc. (Specify)

1 ☐ Yas 2 ☐ No

28t. Location (Street end Number or Rural Routa Number, City or Town, Stata)

29a, Certifian

1 Decrifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signatura and titla of certifian

29c. License number D4497 29d. Deta signed (Month, Day, Year)

30. Neme and addrass of person who complated cause of daeth (Item 23a) (Type, Print)

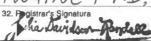
MD SAWHNEY GURMEET 31. Data tiled (Month, Day, Year)

325 HOSPITAL DRIVE 202, GI

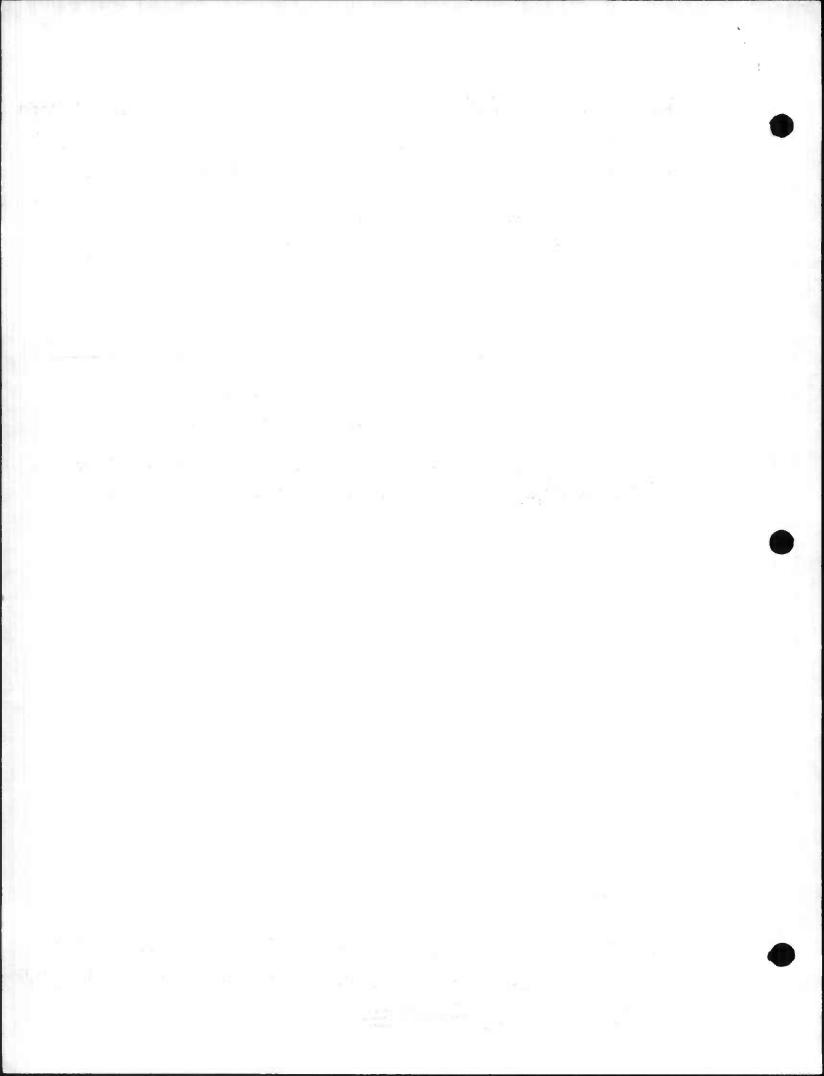
State Registrar

SEP 1 8 1996

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State of Maryland / Department of Health and Mental Hygiene 96

						C	Certific	cate of	Death		3	Reg. No.				
	1		1. Decedent's Name (First, Middle, La	ist)							2. Dete of Dea	ath			3. Time of	Death
	Physic			Car1	s.	Mita	chell	Sr.			Month	Dey		Year 1006	1.00	7 16
4	/Medi		4a. Facility Name (If not Institution, gh		٥.	11100	JILCII		4h City To	um or Lo	Septemb ecation of Death	-	17	1996	1:00	A.M.
	Exami	ner							-					of Death	1.0	
			110 Ferndale R					ladard Warr	Glen				nne	Arunc		
п	Funeral			Sex 7. Age 1⊠M 2□F	(In yrs. I		Mor	Inder 1 Year oths Deys	If Under Hours	Min.	8. Date of Birt (Month, Da)	y, Year)		9. Birthple Count	ace (State or	Foreign
н	Director		220 20 0329		69	Yn	5.				May 5,	192	7	Mary	land	
	B .		Usual Residence of Decedent 10e. Stete 10b. County		10a City	Tourn	r Location							1.0	A 1(4- Ob	. 1.176-
	aho dat	nen		3 3										10	d. Inside City	
	N THE	ctc	Maryland Anne Ar	undel	GT	en B	urnie	e							10 168	2140
	4 2 2	Sire	10e. Street and Number				10	f. Zlp Code				10g. Citi	izen of V	Vhat Count	ry?	
	th w	-	110 Ferndale Ro	ad				2106	51				U.S			
	be filed within 72 hours efter death with the Meryland lat hygiene. d other than "natural", or hams 23a or 28a-f ahow avant, the Medical Exertinet must be incitiled at	Funeral Director	11. Marital Status	12. Was Decedent E Armed Forces?	ver In U,	S.	13. Was D	Decedent of h	Ilspanic Ori	gin? (Spe	ecify Yes or No-			e - America		
0	ofter Nr ha		1 ☐ Never Merried 2 ☐ Merried	1 Yes 2 N	0		_			, Puerto	rican, etc.)			k, White, e	ic.	
21215-0020	urs Fr	þ	3 ₩idowed 4 Divorced	Year or Dates: W	.W.	II	1 L Y	es 202No	Specify:				Specify	Wh	ite	
0	2 ho	Completed	15. Decedent's E	ducation		16a. D	ecedent's	Usual Occup	ation			16b. Ki	ind of Bu	siness/Indi	ustry	
218	nin 7	pie	(Specify only highest gra Elementary/Secondary (0-12)	coilege (1-4or 5-		(C	fe. DO NO	of work done OT use retired	during mos d)	or work	ing					
21	e filed within all Hygiene. I other than want, the M	E	9th	College (1-40) Of	"	M	lechar	nic				Air	Co	nditi	oning	
D	事長	BeC	17. Father's Name (First, Middle, Last)	,				18. Mothe	r's Name	(First, Middle,	Meiden	Sumem	e)		
a	enta ced ced	To B		Carl Mitche	11					Je	anette	Co1	lv			
5	d 2 should be fit and Mental H T is marked of traumatic avail	-	19a. Informant's Name/Reletionship			19b. N	Aalling Add	dress (Street	and Numbe		al Route Numbe		-	State Zin i	Codel	
Maryland	7565		Carla L. Mitche					ndale			len Bur					61
e)	- P E E		20a. Method of Disposition		20b. Pi						Date					71
0			1 Burial 2 ☐ Cremation 3 ☐													
Baltimore,					St.	Sta				2	/20/96	Ba.	Ltim	ore,	Maryla	ind
Sal	Depenting Information Informat		20a. Method of Disposition 1 Burial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) St. Stanislaus Cemetery 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility 4001 Ritchie Highway Baltimore, More												P.A.	
ш	70 E # 9		Gecome	nomico	wy	hi.	4001	Ritch	ie Hi							
			23a Party Enter the disease, or com	plications thet caused	the death										Approximate	
	Physician		anala, or near tailore. List only	One cause on each min	σ.										Onset and D	eath
9	/Medical		tmmediate Cause (Finel disease or condition	a. Me	tor	4. 1	11	haar	.11	0011	11100		. ,		1 -	
	Examiner		resulting in death)	a. //(C	1 ()	/ (\ I	nsequence	10,01	Cayl	0(11	TONG	(4	net	7	170	ar
	201	ē			200 10 (01	as a co	isoquorice	5 01).						1		
	d d ansit	늍	Comments to the first constitution of	b	Due to for	00 0 000	nsequence	, 00.						1		-
,	entificate be executed Jing physician and se es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		200 10 (01	as a con	130QUBITCE	5 017.								
68760,	slcia bur	Ca Ca	Cause (Disease or Injury that initiated events	c	to (or			-0-								
89	Phy sth	Medical	resulting In death) Last	L.	no) or eur	es a con	sequence	9 01):						l l		
×	leath certifical attending place at the second at the seco			d												
80	death e atter	clar														
o.	0 0 2	Physician	Part II. Other significant conditions of	contributing to death but	not resu	iting in th	ne underly	ing cause giv	en in Part i		23b. Did 1	obacco	use cor	ntribute to	the cause of	death?
م	requires that the de sen signed by the s hould be detached is										10	108 2	□ No	3 Prob	ably 4 L	Inknown
ŝ	2 58	b														
Record	v require been si should I	Completed									24a, Was perlo	an autor	psy	ave	ra autopsy fir liable prior to	
9	2 S S	p d												of d	npletion of ca leath?	use
Œ	9 - 5	P.O.									101	res 2	DNo	10	Yes 201	No
Vital	ician: The certificate rector, pag	Be C	25. Was case referred to medical						28 Piace	of Death	n (Check only o	ne)				
>		0	examiner?	Hospital:	1 2 D F	ER/Outpe	atient 3F	DOA Oth	or:		me 5 Aesic		e Down	er (Specify	1	
of		<u> </u>	27. Manner of Death	28a. Date of Injury	/	28b. Tim		28c. Injur		-	28d. Describe h				/	
O	ding in.	to	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigatio	(Month, Day	Year)	Inju	iry M		k? Yes 2□	No						
S	Attending Ceath. ector: After by the fune	fica	3 Suicide 6 Could not b	e Ole Olege et Iniu	ov - At hor	ne ferm	street fa				28f. Location (S	Street an	d Numh	er or Rural	Route Numb	ner .
Division		Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	, 011001, 12	iotory, omoo			City or Tou			0, 0, 1,0,2,	rioute rioine	01,
0	Reptal or A		29a, Certifier 1D Certifying Ph									4.1				
-		edical		ysician: To the best of niner: On the basis of a	examinati	nedge, d on and/o	eath occu or Investiga	rred at the tir ation, in my o	ne, date en pinion, dea	d place, a	and dua to tha dead at the time, d	cause(s) date and	snd ma place, a	nner as sta and due to	the cause(s)	
	a in a le	Mec		and menner stat	ed.			OOn Linna	a acceptan			00d De	to alone	4 (4.44)- (5	No Manual	
	To the H within 24 To the Fi	-	200. Elocitor Manuel								29d. Dete signed (Month, Day, Year)					
	X		a sur					ルム	2782				7/8	6		
	10,		30. Name and address of person who	completed cause of de	ath (Item	23a) (Ty	pe, Print)	/	1/	1	10	1				
	10		Hron W.	Serkm	an	mo	Ha	rbar	H 65	oita	1 Cen	70				
	Sta	-	31. Date filed (Month, Day, Year)	32. Registrar		ure			6							
	Registr	ar	CED1 Sano	a della la	41.	70	0 00									

State of Maryland / Department of Health and Mental Hygiene

9	6	2	7	7	4	-

							Ce	rtificate of	Death		Reg. No.		
			1. Decedent's Name (First, Mide	de, Last,						2. Date of	f Death	Mode	3. Time of Death
	Physic: /Medi		GEORGIA V. MA	AGER	S					SEPT	EMBER 1	2,1996	11:30 A
7	Examir		4a. Facility Neme (If not instituti	on, give	street end nun	nber)			4b. City, Town, o			ounty of Deet	
		•••	ST. AGNES HOS	PITA	Li				BALTI	MORE		N/A	
	Funeral		5. Sociel Security Number	6. Sex	(7. Age (In yrs.	lest birthdey)			s. 8. Date o	f Birth , Day, Year)	9. Birt	hplace (Stete or Foreig
н	Director		214-01-1408	1]M 2 X)F	83	Yrs.	Months Deys	Hours Mi		25,191		RYLAND
	P.		Usuai Residenca of Decedant							1000.00			
	nylar show		10e. Stete 10b. Count	,		10c. Cit	ty, Town or Lo	ocation					10d. Inside City Limit
	the Merylan 28s-f show	cto	MD BA	TIM	ORE		CATON	SVILLE					1 ☐ Yas 2 🛣 N
	within 72 hours after death with the Meryland iene. than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	al Director	10e. Straet and Number 717 MAIDEN CHO	ICE	LANE -	APT-20	7	10f. Zip Code 2122	.8			on of What Co	untry?
	ltems ?	Funeral	11. Meritei Stetus			dent Ever in U	,S. 13.	Was Decedent of if Yes, specify Cul	Hispenic Origin?	Specify Yes o	r No- 14	. Raca - Ame	
0	or he		1 ☐ Never Married 2 ☐ Ma	rried	Armed For	2X No				into Hican, etc.		Bleck, White	
02	al', e	by	3 ☐ Widowed 4 ☐ Divorce	d	If Yes, Giv Year or De	e otes:		1 ☐ Yes 2X No	Specify:		S	pecity: WH	ITE
21215-0020	72 hours natural',	Completed	15. Decede (Specify only high	nt's Edu	cation		16a. Dece	dent's Usual Occu	pation	ndina	16b. Kind	of Business/	Industry
21	C * #	ple	Eiamentary/Secondery (0-12)	1	Coilege (1	-4or 5+)	life.	DO NOT use retin	ed)	Urking			
	filed within Hygiene. other than one, and, the Mes	Con	12TH GRADE				SECR	RETARY				LE	GAL
pu	should be filed and Mentel Hygi marked other imatic event, t	Be (17. Father's Name (First, Middle	, Last)							ddle, Malden S	umeme)	
Na Na	Ment Ment rrked rtfc e	10	ALVAH WALKER						MARY I	ROBI	NSON		
Maryland	h ar	Ì	19a. Informant's Name/Relation JOHN E. MAGE			SBAND)		MAIDEN C					Cip Code)
Baltimore,			20a. Mathod of Disposition			20b. F	osition (Neme of		Dete	20c. Loca	ation - City or	Town, State	
no	permit. Pages 'Department of H Important: If he any injury or of once.		1 Burial 2X Cremation	3 □R	emovei from S	State CHE	cametery, crei CADFAΣ	metory or other place. CE CREMAT	ece) Yorv Ind	9 44	RELTS	VILLE	MD
===	permit. Pages Depertment of Important: If I any Injury or once.		4 Donation 5 Other (, ,						, ,	110
Ba	Depe Impo		27. Signature of Falleria Sarvio	LICHIS	1	1.	2 H	Name and Addr BBARD F	UNERAL H	OME, I	NC.		
			(Kere	2R	SA	Me	1 4	107 WILK	ENS AVEN	UE-BAL'	CIMORE,	MD 21	229
			23a. Part1. Solur de oisease, o shock, or heart failure. Lis	or compli t only or	cations that of le cause on el	used the deat son line	h. Do not ent	er the mode of dy	ing, such es card	ec or respirato	ry arrest,		Approximate Interval Between
	Physician					(,)			0				Onset and Death
d.	/Medical Examiner		immediate Causa (Final disease or condition		4	7	Star	l de	lated tory	Car.	des me	1000	the
	Examiner		resulting in death)			Dua to (d	or as a consec	quence of):					
-	₽ ≋	iner				(AN	nas	y Ar	tory	des	east	,	
	certificate be assecuted nding physician and use as the burial-transit	Examiner	Sequentially list conditions,),	Due to (c	or as a conseç						
0	e axe ian a urial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	,									
68760,	nysic he b	Medical	that initiated events resulting in death) Last	· °		Due to (o	r as a conseq	juence of):				1	
9 x	5 6	Me	-	L.								1	
Bo	ettendin				-			_					
	requires that the death seen signed by the etter hould be detached for t	Physician/	Part il. Other eignificant condit	lone con	tributing to de	ath but not res	ulting in the u	nderlying causa g	ivan in Part i.	23b.	Did tobacco u	ee contributa	to the ceuse of deati
P.0	that the danged by the eached	Phy	Severe	,	U: A	_/	0 0 -		- × a		1 □ Yee 2 1	No 3 P	robably 4 Unknow
	es th	by	10001		1//	ral	REG	wgil	04 100	-			
ord	v require been si should		Swere		. /	1 0	1	1 . 1	. 0		Wes en eutops performed?	y 24b.	Were autopsy findings available prior to
00	13 0)	piet	CVIVO		c /c	- k no	1	ta ilu	Y	. '	,61101111601		completion of cause of death?
Ä	0 - 0	Completed					1				I□Yes 2D	As .	1□ Yes 2□ No
a	iclan: The certificate rector, pag	O	25. Was case referred to medic	ai l					26. Place of D			140	10 165 20 140
of Vital Records,		To B	examiner?		ospitai:	npatient 2	ER/Outpatier	nt 3 DOA O	har		Residenca 6	Cohor (Coo	alf at
	Phys ratio		27. Manylar of Death		28a. Data o		28b. Time of			7	tbe how injury		any)
on	ding Ph th. After thi funeral	tior	1 ☑Naturai 5 ☐ Pend	ng Igation	(Monti	n, Dey Year)	Injury	Wo	ork?]Yas 2∐No				
Division	10 0 th	Certification:	3 ☐ Suicide 6 ☐ Could	not be	28a, Piaca	of Injury - At he	ome, farm, str	aet, factory, office		28f, Locati	on (Street and	Number or Ri	ural Route Number,
S	2 # # E	eri	4 Homicida deten	mined	buildin	g, atc. (Specif	y)		-	City o	Town, Stete)		
_	원호를		29a. Certifier 1 Certify	na Phys	ician: To the	haet of my kon	wiedne desti	occurred at the t	ime date and ala	ne and due to	the causals) a	nd manner as	etated
	24 hc 24 hc Fun etaly	dlcai	(Check only 2 Medica one)	Examir	er: On the ba	sis of examina	tion and/or in	vestigation, in my	opinion, death oc	curred at the ti	me, date and p	iace, end due	to the cause(s)

31. Dete filed (Month, Day, Year) SEP 1 8 1996 Registrar

29b. Signeture and titia of certifier

DR. ANDRES SALAZAR - 900 S. CATON AVENUE - BALTIMORE, MD 82_Registrar's Signature

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

29c. License number

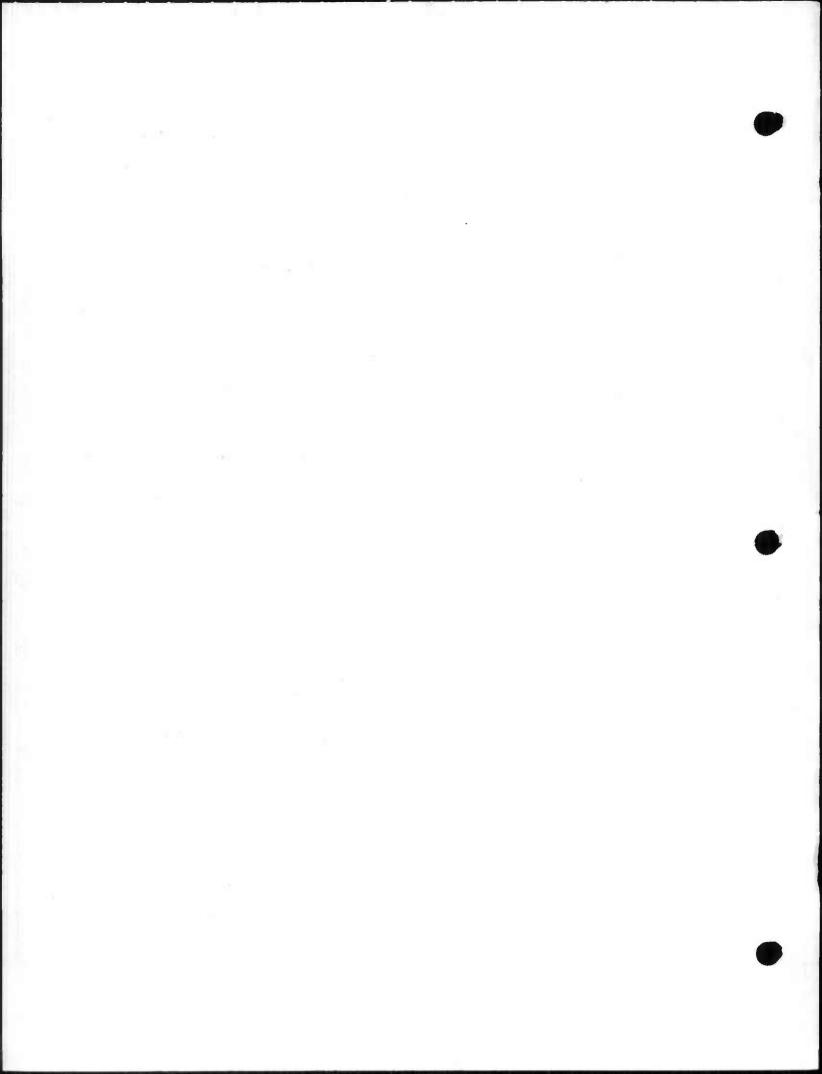
D0051051

29d. Date signed (Month, Dey, Yeer) SEPTEMBER 12, 1996

to the art of a second Was at the second

BALTIMORE, MARYLAND 21215-0020	MSICIAN: The law requires that the death certificate be executed within e4 hours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) MARIE NMN	Tettee		2. DATE OF OEATH MONTH DAY	YEAR 3. TIME OF DEATH							
	200 1d 11 NII	SEX 6. AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	9a. FACILITY NAME (If not institution, give street a	180	D. CITY, TOWN OR LOCATION OF O	SPT · 10, 1711	UNITY OF OEATH							
CTOR	ST. Elizabeth	Nurs. Home	BALTIMORE		City.							
DIRE		imore CA	tons Ville		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	100. STREET AND NUMBER 7/5 MAIDEN C	Hoice LANE 40	3CR 2122	8 10g. CI	U.S. H.							
E	11. MARITAL STATUS 1 Never Married 2 Married	14. RACE — American Indian, Black, White, etc.										
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specific	y:	white							
ETED	Coperaty unity regimes grace compressed (Give kind of work done during most of working life. Do NOT use retired.) College (1.14 or 5) (Biv. Do NOT use retired.)											
APLE 1	Elementary/Secondary (0-12) Co	ome										
COMPL	$A \cap A \cap A \cap A \cap A \cap A \cap A \cap A \cap A \cap A \cap$											
TO BE	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural	Boute Number City or Four Steen	IPANANO							
To notify	BRADLEY METTE	e (Husband) 715 m	ai Day choice	LA . CATONSVIII	1eMD21228							
must be	20a. METHOD OF DISPOSITION 1 © Burial 2 Cremation 3 Removal	20b. PLACE AND DATE OF D cometery, cremajory or other	PISPOSITION (Name of place)	DATE 20c. LOCATION -	- City or Town, State							
	4 Donation 6 Other (Specify) 21. SIGNATURE OF UNERAL PRIVICE LICENSE	FERN CLI	22. NAME AND ADDRESS OF FA		dale New Jork							
ехашіпет	* pickie Il	Skannon	HUBBARD Funera		lkens Avenue							
medical	23. PART I /Enter the diseases, or comp	plicetions that caused the death. Do not	enter the mode of dying, suc	h as cardiac or respiratory a	rrest, Approximata							
the m	IMMEDIATE CAUSE (Final	- 1	1. 1	7	Interval Batween Onset and Death							
vent,	resulting in death) a	DUE TO (OR AS A CONSEQUENCE OF):	r Acciden	LT	Solays							
other traumatic event,	Sequentially list conditions. Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions. Due to (OR AS A CONSEQUENCE OF):											
ry, or other traumatic CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
Ti et	CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
히	d	Viahetes Melli	†V3		20 yeurs							
y Injury.		ntributing to death but not resulting in t		Part I. 24s. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO							
shows any : MEDIC	Anticayonto	n letitur	1 Juizure	1 T YES 2 T MO	OF DEATH?							
	DID TOBACCO USE CONTRIBU	JTE TO CAUSE OF DEATH YES	□ NO □ UNCERTAIN	NØ	1 TYES 2 JANG							
SICIAN:		26. PLACE OF DEATH (I	Check only oge)									
5 >	1 VES 2 NO 1 -	Inpatient 2 ER/Outpatient 3 DOA 4 (28s. DATE OF INJURY 26b. TIME OF	Mursing Home 5 ☐ Residence F 28c, INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OF	CCURED							
is marked, D BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY	M 1 YES 2 NO									
8 世	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)	t, factory, offica	28f. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,							
PLE	29a. CERTIFIER (Check only	To the best of my knowledge, death occurred a	t the time, data and place, and due	to the cause(s) and manner sa st	nted.							
COMPL	one) 2 MEDICAL EXAMINER: On	the beals of examination and/or investigation, is										
E H	29b. SPONATHUE AND TITLE OF CERTIFIER		29c. LICENSE NUN	IBER 29d, DA	TE SIGNED (Month, Day, Year)							
₹ 2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin	(11)	020 3	PPP1 C1 Tag							
	Region Her		ENUN Are B.	It MD 21:	227							
1	31. DATE FILED (MAINT), Day, Year) SEP 1 8 1996	of pedistrar's signature										



State of Maryland / Department of Health and Mental Hygiene 96

27747

						Ce	rtificate	of	Death			Reg. No				
			Decedent's Name (First, Middle, Las	t)							2. Dete of D			V	3. Tin	ne of Deeth
	Physici		ROBERT H.	MITMAN							Month SEPTE	De) MBER		Yeer 1996	6:	16 a
3	/Medi Examir		4e. Facility Neme (If not institution, give						4b. City, To	own, or Lo	ocation of Dee			of Deeth	0.	10 4
1	LAGIIII	ICI	THE JOHNS HOPKIN	S HOSPITAL					BALT	IMORF	CITY		N/A			
	Funeral		5. Sociel Security Number 6. Se	7. Age	(In yrs. last b	oirthday)	If Under 1 Months			24 Hrs. Min.	8. Dete of B (Month, D Dec. I	irth Year		9. Birthpi	ece (St	tete or Foreigi
	Director		205-26-5347	XM 2□ F 6	3	Yrs.	MOUTHE	Deys	nouis	Will.	Dec. I	I, I's	32	Court	P.	
	9 .	١.	Usuei Residence of Decedent													
	though the		10a. State 10b. County		IOc. City, To									10		de City Limits
	2 7 H	et o	PA Northam	pton	Eas	ton	(For	ks	Tow	nshi	p)				1 🗆	Yes 2 No
	with the Maryland a or 28a-f show Lbe notified at	Director	10e. Street and Number				10f. Zlp C	ode				10g. Citi	izen of V	Vhat Coun	try?	
	7 W M	9	803 E. Newlins	Road			1	80	40			US	SA			
	ter death with the Maryla lisers 23s or 28s-1 show inst. must be notified at	Funeral	11. Meritel Stetus	12. Wes Decedent Ev	er in U,S.	13.	Was Decede	nt of I-	lispenic Or	igin? (Sp	ecify Yes or N	0-		e - Americ		in,
20	9 9 8	by Fu	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1,□,Yes 2 □ No If Yes, Give			lf Yes, specif 1 ☐ Yes 2				MICAN, etc.)		Specify	k, White,		
8	72 hours "natural", edical Ex			Year or Detes5 3	T							1			ite	
ξ.	22 분원	Completed	15. Decedent's Edi (Specify only highest grad		16	a. Dece (Give	dent's Usuei kind of work DO NOT use	done	during mos	st of work	ing	16b. Ki	ind of Bu	isiness/Ind	lustry	
12	within than the Me	E	Elementery/Secondery (0-12)	College (1-4or 5+)			count					l R	/anı	fact	- 11 2	ina
12	Hygie ther the		12	2		AC	Count	an		al all					cul	ing
Ĕ	0 = 0 5	Be	17. Fether's Neme (First, Middle, Last) Harry Mitman								Gower		Suman	10)		
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Baltimore,	Pages hent of mt. If its rry or o		1 ☐xBurlei 2 ☐ Cremetion 3 ☐ i		cemet	ery, crei	natory or oth hony	er ple		· · · · · · · · · · · · · · · · · · ·						ship,
들	nit. Pag artment ortant: It injury o		4 □ Donetion 5 □ Other (Specify,		St.						7/10	M T T 1	LIAI	15 10	JWII	surp,
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			23a. Pert1 Enter the disease, or comp shoot or heart feilure. List only of	lications thef caused th	ne deeth. Do	not en	er the mode	of dyl	ng, such es	cardiec	or respiretory	errest,	-0	1		dmate i Between
1	Physician		or room or room or east only o	410 00000 011 0001 IIII0.											Onset:	and Death
	/Medical Examiner		immediete Ceuse (Finel	M	LOCAL	di	10	nf	ACC	Hon				1	12	10117
			resulting in deeth)	a. Di	ne to (or es	conse	quence of):	-,0	0010					1	16	rious
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	ansi	Examiner	Sequentially list conditions	b. Di	ue to (or as	corise	mence of).	44	CPI	sca	20				-	3047
ć	execution and right.	Ä														
68760,	ertificate be executed Jing physician and se as the burial-transit	Ca	Cause (Disease or injury thet initiated events	C	ue to (or es e		uanaa at):							-		
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X	certific nding p			d												
Bo	death co	cia	Production of the State of the		and a second second											
o.	hat the death cer ed by the attendin detached for use	Physician	Part ii. Other significant conditions co	ntributing to death but	not resulting	in the u	nderlying car	use gr	ven in Pert	ŧ.	1	/	_			use of death
٩	es that thighed by		JP Liver T	ansplan	T						12	Yes 2	□ No	3 Prot	PADIY	4 Unknow
of Vital Records,	requires that the seen signed by th should be detache	d by			HSCO						24a Wa	s an autog	nev	24b. We	re auto	psy findings
Ö	been s	Completed	that stage k	Lenal I	HSCO	ise	_					formed?	Joy	ava	llable p	
Sec	S 5 CA	idu										,	/	of c	death?	. /
=	E Seg	õ									1□	Yes 2	No	1 🗆] Yes	2 No
ita ita	raician: The s certificate director, par	Be	25. Wes case referred to medical examiner?						26. Plec	a of Deet	h (Check only	one)				
=	D 66	2	1 ☐ Yes 2 No	Hospitei:	2□ER/C	Outpatie	nt 3 DOA	Oth	ner: 4□N	ursing Ho	me 5 Res	Idence	8 Oth	er (Specify	1)	
		ü	27. Menner of Deeth 1 ⊠Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Dey)	(ear) 28b.	Time o	28	c. inju	ry at		28d. Describe	how injus	y occur	red		
0	Attending or death. ector: After by the fune	atic	2 ☐ Accident investigation		117		М	1 🗆	Yes 2	No						
Division	or Attendation of Att	E E	3 Suicide 6 Could not be determined	28e. Piece of injury building, etc.		ferm, st	eet, fectory,	office			28f. Location	(Street an	d Numb	er or Rura	Route	Number,
		Certification:		building, atc.	Орвану						Only or 1	, 0,010	7			
	Mospital of Funeral Distely filled i		29e. Certifier 1 Certifying Phy	sician: To the best of	my knowledg	e, deetl	occurred et	the ti	me, dete er	nd pleca,	end due to the	e cause(s)	and ma	nner as st	ated.	
	£2.E3	edical	(Check only 2 Medical Exami	iner: On the basis of en end menner state	xaminetion e	ind/or in	vestigetion, I	n my c	pinion, de	eth occurr	ed et the time	, dete and	piace,	and due to	the cau	ise(s)
2	within 2 To the	ĕ	29b. Signeture end title of certifier	^			29c.	Licens	e number				-	(Month, i		
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	11/1		30. Neme and eddress of person who	dmpleted seurce of de-	th /Itam 72-) (Tuesa	Drint\		'					,		
	12		I mada you MD	Taver 11	() I	2/11/15	Haple	he	Hoen	tal	Baltin	var.	MD	2/2	87	
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's												

Registrar DHMH 16 Rev 6/95

State



State of Maryla

and / Department of Health and	Mental Hygiene	96	27748
Certificate of Death	Reg. No.		1 / / / 0

Baltimore, MD

21237

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

that the death certificate be executed physician and the burial-transit Division of Vital Records, P.O. Box 68760, the 189 98 n Jo signed by the at d be deteched for The law requires peed page 2 s certificate director,

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral yd ni pelli 24 hours a within 2

1. Decedant's Nama (First, Middla, Last) 2. Daia of Death 3. Tima of Death Day Month **Physician** Julia Elizabeth MILLER September 13, 1996 10:08AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rossville Baltimore County H Under 1 Year H Under 24 Hrs. 8. Deta of Birth (Month, Day, Year)

Jan. 15,1919 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** 1□ M 25 F 215-09-5047 Yrs. Director Maryland Usuai Rasidanca of Decedant Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mentel Hyglene. Intel if Hear 27 Is marked other than "natural", or items 23s or 28s-f show into it from 121 to marked other than "natural", or items 23s or 28s-f show into the fraumatic event, the Medical Experiment wat be notified at 10a Stata 10b County 10c. City. Town or Location 10d. Insida City Limits "natural", or items 23a or 28a-f show solcal Examiner must be notified at Maryland Baltimore Middle River Director 1 ☐ Yas 25 No 10e. Streei and Number 10f. Zlp Coda 10g. Citizan of What Country? 1910 Wilson Point Road 21220 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 11 Marital Stains 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Never Married 200 Married 1 ☐ Yas 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedani's Education (Spacify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Housewife Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Frank Weber Julia Wuestner 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Jane Krach (DAUGHTER) 1814 Wilson Point Rd. Middle River, Md. 21220 20a. Mathod of Disposition 20b. Piaca of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata **DOB**uriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Department of Important: If any injury or once. 9/16/1996 Baltimore Co. , Md. Holly Hill Mem. Gardens 4 ☐ Donaiion 5 Othar (Specify) 22. Name and Addrass of Facility

Bruzdzinski Funeral Home P.A. 21. Signature of Euheral Settlice Lic , Essex, Md. 1407 Old Eastern Ave. caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, on each line. Approximata Interval Between Onset and Death Immediata Cause (Final disaasa or condition rasulting in daath) Acute Pulmonary Edema 5 minutes Dua to (or as a consequence of) Examiner Myocardial Infarction 2 weeks Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaesa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): 20 years Hypertension Physician/Medical Dua to (or as a consequance of): Diabetes Mellitus 20 years Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown Coronary Artery Disease þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 28. Placa of Death (Check only ona) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 2 N Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1XI Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifia: Medical (Check only one) 29b. Signature and little of dertifie 29c. License number 29d. Daia signed (Month, Day, Year) Kesident. September 13, 1996 RD2115 30. Nama and addrass of parson who complated cause of death (Itam 23a) (Type, Print)
Prosper Sanchez, 9000 Franklin Square Drive

Registrar

CEP 1 8 1996



State of Maryland / Department of Health and Mental Hygiene

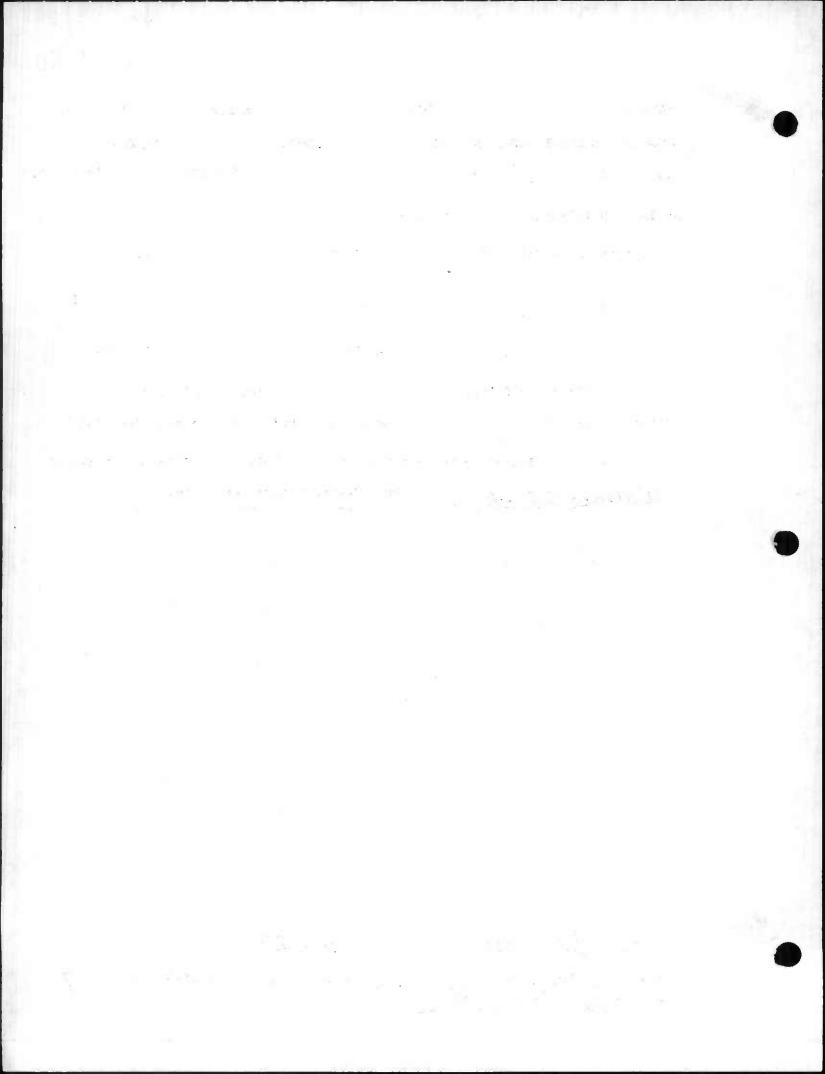
Certificate of Death

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						Cei	unca	ie oi	Death	_	1	Reg. No.			
	Physic /Medi		Decedent's Nama (First, Middla, JEFFREY	MC	NAIR						2. Data of Dea Month SEPT.	13, 19	96	3. Time of Death 1:36 Pm	
ľ	Exami	ner	4a. Facility Nema (If not institution, g UNION MEMORIAL							own, or Li LTIM		N	y of Deeth		
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	se Maryland	Director	Usual Rasidance of Decedent 10e. Stata 10b. County MARYLAND N/A		10c. Cit	y, Town or Lo	cation TIMO	RE C	ITY				10d. inside City Limita 1 □ Yaa 2 □ No X		
	with the		10e. Street and Number 1570 CARSWELL	STREET				p Coda 21218	R			10g. Citizen of U.S.A		ntry?	
020	72 hours after death with the Maryland naturel', or flama 23a or 28a-f show pirel Examiner must be notified at	by Funeral	11. Marital Statua 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Wes Dec	24∑ No iva	-		edent of h			ecify Yes or No- Rican, atc.)		ce - Amari	Amaricen indian, White, etc. BLACK	
21215-0020	iene.	Completed	15. Decedant's (Specify only highast of Elemantary/Secondary (0-12) 9TH	rada completed) (1-4or 5+)	16a. Deced (Give lifa. MAINT	kind of w DO NOT i	ork dona usa retire	during mos d)	st of work	ing	16b. Kind of B		country CCURITY	
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Man	0 0 2 8	ľ	19e. intormant'a Name/Ralationship	. , ,			-				ra/ Routa Numbe	er, City or Town	, Stata, Zij	Coda)	
	Heali Heali Hm 2		ROSHAY WATKINS—S 20a. Mathod of Disposition	ISTER	20b. F	Plece of Dispo	sition (Na	ma of		BAL	IO, MD.	21218 20c. Location	- City or To	own, Steta	
Baltimore,	Page ent o nt: #		1 Reviai 2 Crametion 3	cify)	Stata	zemetary, crar ZION	CEM	ETERY	Z S		. 19, 19		LTO,	MD.	
Ba	Departm Departm Importar any inju		21. Signature of Funerel Sarvice Lic	BL	1.10-						FUNERAL				
j	Physician /Medical Examiner		23a. Part1. Enter the disaasa, or co shock, or haart taltura. List on immediete Causa (Final disease or condition rasulting in daath)	mplications that ly ona cause on a.		n. De sot ant	ar the mo	de of dyir		cardiec	BALTO or raspiretory ar		213	Approximata Interval Between Onset end Deeth	
ox 68760,	ox 68760, certificate be executed nding physician and use as the buriel-transit	n/Medical Examiner	Sequantielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that intitated avants rasulting in death) Last	b	Dua to (c	or as a consac lary	ng ca	9	ir (qh	ncer	truch				
m		Physician	Part ii. Other significent conditions contributing to death but not rasulting in the underlying cause given in Pert i.								23b. Did tobacco use contribute to the cause of death?				
P.0	that the ed by th detach										10	Yes 20 No	3 Pro	bably 4 Unknow	
Records,	e law requires that the deett hes been signed by the ette ge 2 should be detached for	Completed by									24a. Was perfo	en autopsy rmed?	av cc	fere autopsy tindings vallabla prior to ompiation ot causa daath?	
THE THE	The ate h	Сош									101	ras 200 No	1	Yaa 2010	
Vita	Physician: The this certificate nal director, pag	o Be	25. Was casa referred to medical axaminer? 1 ☐ Yas 2 ☑ No	Hospital:				Ott	oer:		h (Check only o				
ou of		H-	27. Mannar of Death 1 Naturat 5 Pending	28a. Data (Mor		28b. Time of injury		28c. injui Wo	ry et rk?		oma 5 ☐ Rasio 28d. Daacribe h			fy)	
Division	or Atten after dead Director: d in by the	Certification:	2 Naccidant Invastigat 3 Suicida 6 Could not 4 Homicide determine	be 28a. Plac	e of injury - At hi ling, atc. (Spacil	oma, farm, str y)		1 ☐ Yas 2 ☐ No ary, office 28t. Location (Street and Number or Rural R City or Town, Stata)					al Routa Number,		
	the Hospital hin 24 hours the Furleral inpletely filled	edical (29a. Certifier (Check only												
5	To To To To To To To To To To To To To T	M	29b. Signature and title of certifier	1 Eles	tong		29	c. Licens	e number	941		Q1	a signed (Month, Day, Year)		
	ノは		30. Name and address of person wh	o completed cau	se of Beath (Item		Print)	k	irk	AI	2	Roll	nn		
	Sta	ite	31. Date filed (Month, Day, Year)	90. 132.	Registrar's/Signs				-11 /1	- 1		VIII/	D		

State of Maryland / Department of Health and Mental Hygiene 0.6

(Specify only high mentary/Secondary (0-12) ather's Neme (First, Middle Ward Will Informent's Neme/Relatior Lice N. Hilk Method of Disposition Burlal 2 Cremation Donetion 5 Klother (ignature of Funeral Sarvice) Wall Part1. Enter the disease, shock, or heart failura. List rdigitate Cause (Final	R MORE MEDIO 6. Sex 1 M ZX F Was Dec Armed F 1 Yes Was Dec Armed F 1 Yes Was Dec Armed F Collega 2 D. Last) LSON Griff Ship (Type, Print) Dert 3 Ramoval from Specify) Entom a Licansee	CAL CEN 7. Age (In yrs 71 10c. C 1	Ity, Town or Cowson In the Land In the Lan	Month: Location 10f. 2 3. Was Dec if Yes, sp 1 Yes cedent's Us ve kind of w DO NOT Omema. alling Addra. Sme to: sposition (N ramatory or	ler 1 Year s Days Zip Code 21204 adent of Hiseoffy Cubar 2 No sual Occupa vork done d usa ratired, ker ss (Street a n Pla	Ispanic Origin? (Spen, Mexican, Puerto Specify: ation funding most of working and Number or Rural and Num	8. Date of Birth (Month, Day, 1) 6-4-192 104 acity Yes or No-Rican, etc.)	4c. County of BALTI (1987) G. Citizen of W U.S. (1988) 14. Race Black Specify: Sb. Kind of Bus OW: aiden Sumame Ckles	of Death IMORE 9. Birthpu Count Wash Interpretation A. America c, White, e	ace (State or Foreign (Y)) Lington, D. C Od. Inside City Limits 1 Yes 2 No any? an Indian, otc. White	
acility Name (If not institution REATER BALTICLE) Security Number 17-38-4263 Residence of Decedent 10b. County and Balt: Street and Number 1 Smeton Plantal Status Never Married 2 Mac (Specify only high mentary/Secondary (0-12) Mather's Neme (First, Middle Ward Willinforment's Neme/Relation 1 ince N. Hill: Method of Disposition Burlal 2 Cremation Donetion 5 Nother (Fignature of Funeral Sarvice Ward Fignature of Funeral Sarvice Part 1. Enter the disease, shock, or heart failura. List additate Cause (Final	imore 12. Was Dec Armed F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CAL CEN 7. Age (In yrs 71 10c. C 1	TER Lest birthd: Yrs OWSON 16a. Da (G) IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Month: Location 10f. 2 3. Was Dec if Yes, sp 1 Yes cedent's Us ve kind of w DO NOT Omema. alling Addra. Sme to: sposition (N ramatory or	ler 1 Year s Days Zip Code 21204 adent of Hiseoffy Cubar 2 No sual Occupa vork done d usa ratired, ker ss (Street a n Pla	Ispanic Origin? (Spen, Mexican, Puerto Specify: ation funding most of working and Number or Rural and Num	SEPTEMBE cation of Deeth 8. Date of Birth (Month, Day, 1) 6-4-192	Ac. County of BALT 1 4c. County of BALT 1 (aar) G. Citizen of W U.S. 14. Race Black Specify: 6b. Kind of Bus OW!	of Death IMORE 9. Birtholder Washi That Count A America c, White, e	ace (State or Foreign (N) Lington, D. Co Od. Inside City Limits 1 Yes 2 No Any? An Indian, otc. White	
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diata Causa (i iiiai	only one sees on	\circ	,	1 -		,	wson, Ma r respiratory erres	ryland '	2120	Approximete intervel Between Onset and Death	
Immediata Causa (Final disassa or condition resulting in death) e. Backeral Meningitis Due to (or as a consequence of):										4 day	
		Due to (or as a con	saquence of	n):	0				1 10 V/2	
	b	- UV		sequence of			-			/ rost	
Sequentielly list conditions, if any, leading to immediate cause. Enter Underhying Cause (Disease or Injury that initiated events resulting in death) Last b.											
Description of the capability											
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Dld tob	23b. Dld tobacco use contribute to the cause of death?			
							No.	2□ No	3 Prob	ably 4 Unknown	
							24a. Was an performe	autopsy d?	com	re autopsy findings llable prior to aplation of cause eath?	
							1 ☐ Yes	24 No	10	Yes 20 No	
es case referred to medica	al					26. Place of Death	(Check only one)	1			
aminer? ⊒Yes a⊿No	Hospital:	Inpatient 2	ER/Outpat	ient 3 D	Otha	15.		e 6 Other	(Specify		
Accident invest	ng (Monigation	of Injury	28b. Time		28c. injury Work	at 2					
Suicide 6 Could deten	nined 200. Place	e of Injury - At h ling, etc. <i>(Spaci</i> i	ome, farm, fy)	street, facto	ry, office	2	8f. Location (Stra City or Town,	et and Numbe State)	r or Rural	Route Number,	
CHACK ONLY E MINORCH	Examiner: On the b	asis of examina	wledga, da ition and/or	ath occurred investigation	d at tha time n, in my opi	a, data and placa, a Inion, death occurre	nd dua to tha cau ed at the time, date	sa(s) and man e and place, ar	ner as sta nd due to	ted. the causa(s)	
29b. Signature and title of certifier 29c. License number											
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State of Maryland / Department of Health and Mental Hygiene 96

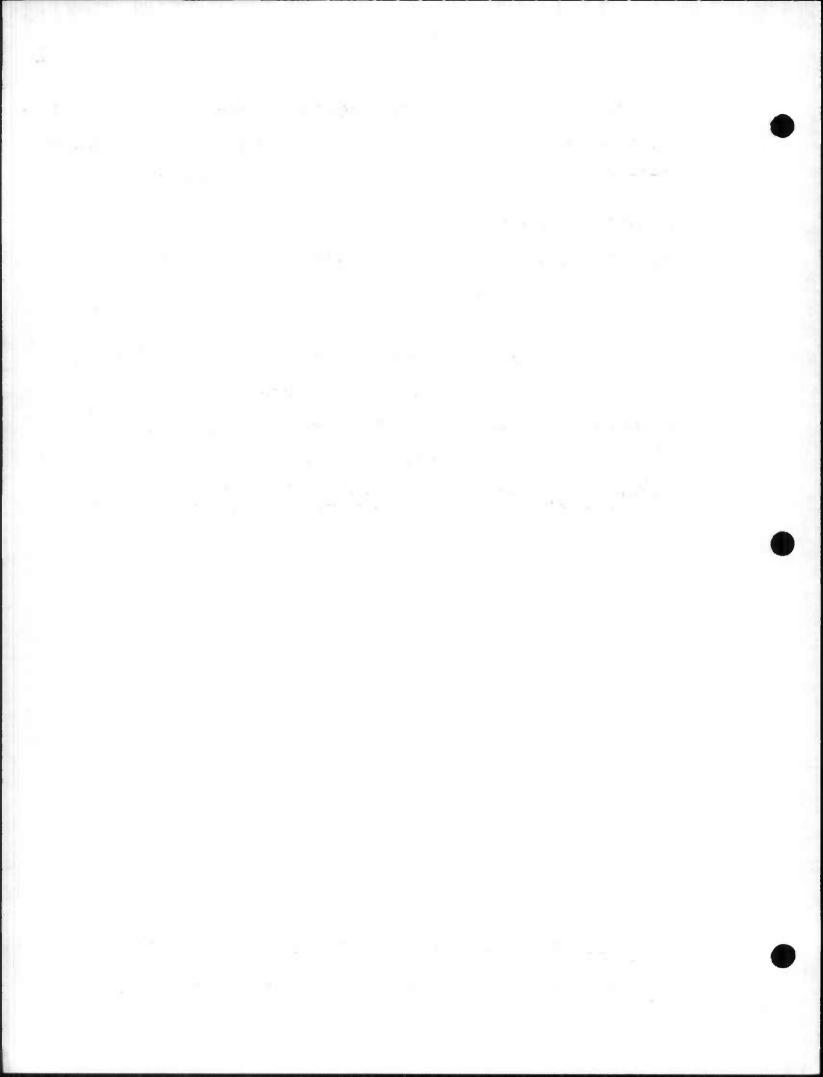
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	death The 2	Funeral	11. Meritai Status	12. Wes Decedent E	Ever in U.S	3.	13. Wes Dec	cedent of	Hispanic Ori	igin? (Sp	ecify Yes or No- Rican, etc.)	14. Rec	e - Ameri	can indian.	
21215-0020	be filed within 72 hours after death with the Maryland that hygiene. did other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be incitted at	by	1 Never Merried 2 Merried	Armed Forces? 1 🛱 Yes 2 □ N If Yes, Give Year or Detes:	ło			pecify Cul 2 [™] No			Rican, etc.)	Specif.	ck, White, y: Wh	etc. nite	
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altimore,	permit. Peges 1 and Department of Health Important: If Item 27 any injury or other ti pfice.		20e. Method of Disposition		20b. Pl	eca of Di	isposition (A	lame of	ace)		Dete	20c. Location	City or To	own, Stete	
Ĕ	Peg nt: H		1 ☐ Burlai 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)						,	ry9	/17/96	Belts	vil	Le, MD	
alti	permit. Peges Department of I Important: If its any injury or of		21. Signature of Funerei Service Licens	00	<u> </u>		22. Name	end Addi	ress of Facilit	ly El	uneral	IIomo	Tn		
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	Physician /Medical Examiner	ner	Immediate Cause (Final disease or condition resulting in deeth)				PiRA:		4 F1	Air	urs			Onset and Di	56(11
'n	quires that the deeth certificate be executed in signed by the attending physician and uid be detached for use as the bunal-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying),	Due to (or	es e con	sequenca o	rf):							
68760,	ate be hysicia	Medical	Cause (Disease or injury that initiated events resulting in deeth) Last)	Due to (or	as a con	sequence of	f):):						
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	the a	Physician/	Pert li. Other significant conditions cor	ntributing to death bu	rt not resu	lting in th	e underlying	cause g	iven in Part i		23b. Did to	bacco uss co	ntribute t	o the cause of	death?
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State of Maryland / Department of Health and Mental Hygiene

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	Physic		200	7		COCTATA	z nem	CONT	Month	Dey	Yaer	
Š.	/Medi		MARGARET 4a. Facility Name (If not Institution, give	street end number)	COCKE	Z PIER		Septem r Location of Deet		1996 y of Deeth	10:15 AN
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020	be filed within 72 hours after death with the Maryland tial hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	300 W. Seminary 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give A Yaar or Datas:	?		2109 Ves Decedant of I Yes, specify Cub ☐ Yes 21 No	Hispenic Origin? ean, Mexicen, Pue	(Specify Yes or No arto Rican, etc.)	USA 14. Ra Bie Specia	ace - Amarican Indian, ieck, White, etc.	
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yla	2 should be and Menta is marked raumatic ev	To	John M		Co	ockey		Margar	et B		Fo	ord
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	Pages 1 and 2 should nent of Health and Men nt: If Item 27 is marke iry or other traumatic		Mr. Graflin 20e. Method of Disposition 1 ↑ Burial 2 □ Cremation 3 □	Ramoval from Stete	20b. Pi	ece of Dispos ematary, crem	sition (Neme of satory or other ple	ice)	timore,	20c. Location	- City or Tov	vn, Stete
Baltimore,	permit. Page Department of Important: If any Injury or once.		4 Donetion 5 Other (Specify 21. Signature of Funeral Service Liver	900 Wiles		22	nrk Cemet	ess of Fecility	9/23/96 1d Home			
	Physician /Medical Examiner		23a. Pert1. Enter the disaese, or comp shock, or heert failure. List only of Immediate Causa (Final disaesa or condition						ec or respiratory		Land	Approximete Interval Between Onsat and Deeth
В	LAUITITICI	-	resulting in deeth)			es e conseq					i	
Box 68760,	at the death certificate be executed to the attending physician and stacked for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undertying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	b		as e consequas a consequ						
. B	e death cer he attendir hed for use	Physician/M	Part II. Other significant conditions co	ntrlbuting to death b	out not resu	iting in the un	derlying cause gi	ven in Pert i.	23b. Did	tobacco uee co	ontribute to	the cause of death?
s, P.O.	£ 80	þ	Demens	ra,	0	stee	a-12	no to.	ا د	Yee 2□ No	3 Prob	ebly 4. Unknown
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Ħ	S and the state of	o Be	25. Was cese raferred to medical examiner? 1 Yes 2 No	Hospitel:			Ott DOA Ott	hor	eath (Check only		4	ellegs
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	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical C	29a. Cartifier (Check only one)	sician: To the best iner: On the basis of and manner sto	f examinati	viedge, death ion and/or inv	occurred at the ti estigation, in my	me, dete end pla opinion, daeth oc	ce, and due to the curred at the time,	cause(s) and m dete end plece,	anner as sta and due to	ated. the ceuse(s)
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	5		30. Neme end addrass of person who c	ompleted ceuse of d	deeth (Itam	23e) (Type, F	Print)					
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						Ce	ertificate o	of Deat	h		Reg. No.			
	01		1. Decedant's Nama (First, Middla, I	.ast)						2. Data of Da Month	ath Day	/ Yas		Tima of Death
	Physici /Medic		Howard L. Parri	s, Sr.								1996		2:00 P.N
}	Examir		4e. Fecility Nema (If not Institution, g	iva street and num	iber)			4b. City, 1	Town, or L	ocation of Deatl	1 4c.	County of De	eath	
			213 Sunset Drive	9				Gler	n Bur	nie	An	ne Aru	ndel	
	Funeral Director		5. Social Security Number 6. 408-38-6370	Sex 1⊠M 2□F	7. Aga (in yrs. 67	last birthday Yrs.	Montha De		er 24 Hrs. Min.	8. Dete of Bir (Month, Da July 25	th y, Year)	9. E	Birthplaca Country) nness	(State or Foreign
Т	pu ,		Usual Rasidance of Decedent		140.00									
	aryla:	-	10a. Stata 10b. County	7. 7		ty, Town or L								side City Limits
	Bear M	Director	Maryland Anne A	rundel	GI	en Bur	nie						1	☐ Yas 2/☐ No
	P P P	100	10e. Street and Number				10f. Zip Code				10g. Citi	zen of What	Country?	
	ath v		213 Sunset Drive				210					ed Sta	ates	
	eb m	Funeral	11. Merital Stetua	12. Was Deced	dent Evar in U ces?	J,S. 13.	Was Decedant of If Yas, specify C	of Hispanic C uban, Maxic	Origin? (Sp an, Puerto	ecify Yes or No Rican, etc.)	-	 Rece - Ar Black, Wi 		dlen,
20	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Fi	1 Never Merried 2☑ Merried 3 Widowed 4 Divorced	1 ☐ Yes If Yas, Give Year or Da)		1 ☐ Yes 2 ☑ N					Specify:		
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h	Hospita Funeral taly fillo		29a. Certifier 1⊠ Certifying P	hysician: To the b	est of my kno	wiedge, deel	h occurred at the	time, dete a	and place,	and dua to the	cause(s)	and manner	as stated.	
•	vienn Vienn To the Fun completely	edical	(Check only 2 Medical Exa	miner: On the bas end menns	is of axamina ar stated.	ition and/or Ir	ivastigation, in m	y opinion, de	aath occur	red at tha tima,	data and	plece, and d	lua to tha d	ausa(s)
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			C. Orum C	Courte	DA		An	14.	19	,	Sept	ember	13,	1996
	6		30. Nama and addrass of person who	completed cause	of death (Iter	n 23a) (Tvne	Print)	1 (-						
	9		Colvin Ca	ctor	471	() Po	u.w.i>a	ota	n A	ve F	Balt	o, red	217	120
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						And in column 2 is not a local division.								

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Day Sept. 13, Jennie Marie Parsons 1996 7:00 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 11596 Somerset Ave. Princess Anne Somerset If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) **Funeral** Days 1 M 2 F Yrs. Director 218-26-9978 90 Feb. 20, 1906 Pennsylvania Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mental hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Essent. 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Director Maryland Anne Arundel Severn 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8041 Quarterfield Road 21144 United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black White etc. 1 Yas 2 KNo If Yes, Giva Yaar or Datas: 1 Naver Married 2 Married 1 ☐ Yaa ३ ☐ No Specify: White à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working iffa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) 8 Homemaker Own Home 17. Father's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Alfred Adan Havener Cevillia Fye 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Margaret Smoot / Daughter 405 Delmar Ave. S.E. Glen Burnie, MD 21061 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Meadowridge Mem. Pk. Sept. 17, 1996 Elkridge, MD 21. Signatury Funeral Sarvice Licensee 22. Name and Addrass of Facility Kirkley-RUddick Funeral Home 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not entar the mode of dying, such as cardiac or respiratory arrast,

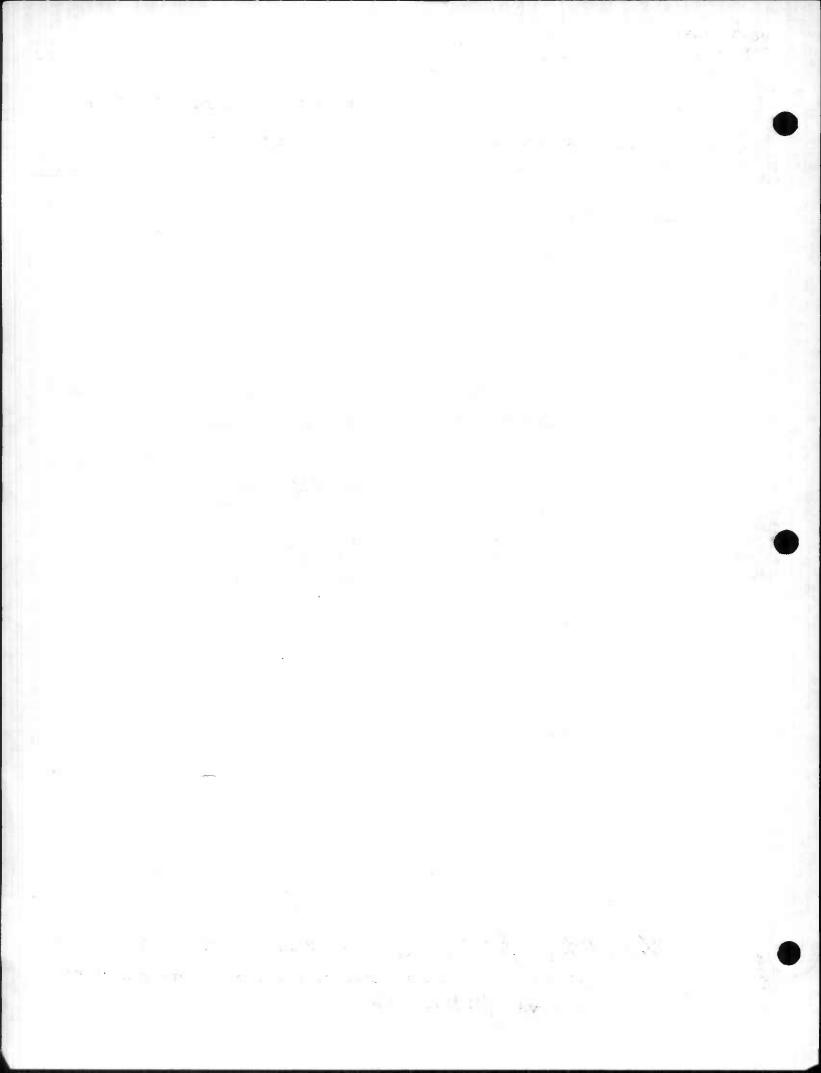
Approximate interval Between Onset and Death Physician /Medical Immediata Causa (Final disease or condition rasulting in death) Immediate Arrhothmia ardias Examiner Dua to (or es a consequence of): Examiner ardianyopath that the deeth certificate be executed physician and the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Diseesa or Injury that initiated avants resulting in death) Last Dua to (or as a consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of): for use as signed by the a Part II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à should should 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy Completed hes 1□ Yes 2 No certificate 1 Yaa 2 No To the Hospital or Attending Physician:
whin 24 hours after death.
To the Funeral Director. After this certific director, 25. Was casa ratarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 ☐ Yas 2 ☐ No 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 28e. Dete of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 2 Accidant 5 Pending Invastigation 1 ☐ Yes 2 ☐ No completely filled in by the 3 Suicida 6 Could not ba 28a. Place of Injury - At homa, tarm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 ☐ Homicida edical 29a. Certifier 1 Cartifying Physician: To tha best of my knowledge, daeth occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifler 29c. Licansa number 29d. Date algned (Month, Day, Year) 000850 30. Name and addrass of person who completed causa ot death (Item 23e) (Type, Print) BURNIE MD SIONI 505 HOSPITAL MARC OKUN MD CHEN DRIVE

State Registrar 31. Data tiled (Month, Dey, Year)

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irector		5. Social Security Number 219-70-0349	1□M 2XF	7. Age (In yrs. 35	Yrs	s. Months	Deys	Hours	Min.	(Month, Day	1960	Country	a (State or Foreig Maryland
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State Registrar



State of Maryland / Department of Health and Mental Hygiene

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Physici /Medic		Carolyn	I. P	OWARE							Month 09	1 2 1	996	9:43	AN
Examin		Carolyn 4e. Fecility Name (If not in							4b. City, Tov	wn, or Lo	cation of Death	4c. Cou	nty of Deet		
		Franklin	Squa	re Hos	spital			r	cossv	i11€	9	Ba1t	imor	е	
Funeral Director		5. Social Security Number 213-20-200		Sex 1 M 2 F	7. Age (In yr 7 2		Months	Days	If Under 2 Hours	24 Hrs. Min.	8. Date of Birtl (Month, Day 12/1	7/23	Co	hplece (Stete duntry) rylan	
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7 is marke traumatic	^L	19a. Informant's Name/Re	alationship /	Type Print)		19b M	alling Address	/Straat			Route Numbe	Chuar Tou	um Stato 7	in Code)	_
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Item 27 I		20a. Method of Disposition	4	Dersac		Place of Di	sposition (Na.	me of		u wn	itema:	20c. Locatio			21
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Importar any inju ance.		21. Signature of Funeral S	ervice Lice	nsee			22. Name ar	nd Addre	ess of Fecility	The	Dipp	el Fu	nera	1 Home	2
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DHMH 16 Rev 6/95

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Amended item #19a, g-739, 9/18/96emh per fh

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

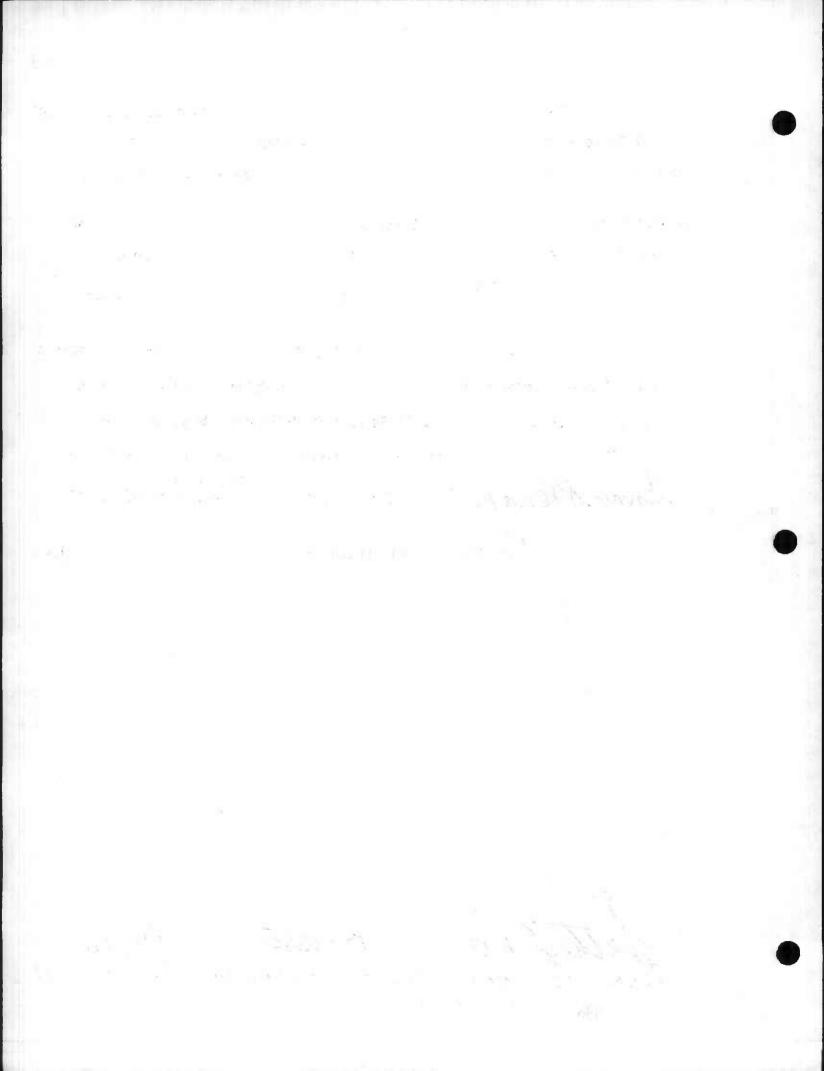
State of Maryland / Department of Health and Mental Hygiene 96 27757

						Certificate o	f Death		Reg. No.		
	Physic /Medi		1. Decedent's Nama (First, Middia, Las Geral dine					2. Date of D. Month	eath Day 10	Year	3. Time of Death
).,	Exami		4a. Facility Neme (if not institution, give	street and number)			4b. City, Tow	n, or Location of Dee	th 4c. County		
	Funeral Director		THE JOHNS HOTE 5. Social Security Number 6. Security Number 212-56-5661 Usual Rasidance of Decedent		e (In yrs. last birt	hday) If Under 1 Year Months Dey		TMORE 4 Hrs. 8. Data of Bi (Month, D	CIT ay, Year) /1931	9. Birthpla Country	ca (State or Foreign y) MARY S CO.
	yland		10a. Stete 10b. County		10c. City, Town	or Location				100	d. Insida City Limits
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	death with the Meryland ma 23a or 28a-f show r must be notified at		10e. Street end Number			10f. Zip Code			10g. Citizan of N	What Country	13
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21215-0020	d within 72 hours piene. r than "natural", the Medical Exc	Completed	15. Decedant's Edi (Specify only highast grad Elemantary/Secondary (0-12)			Decedant's Usuai Occ (Giva kind of work dor lifa. DO NOT usa reti	cupation na <i>during most (</i> ired)	of working	16b. Kind of B	usinass/indu	stry
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	and 2 sho saith and n 27 is m er traum		19a. informant's Name/Ralationship ARTHUR RANFAN (HI	Arthur Ra JSBAND)		Mailing Addrass (Stre 306 NORTH					
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	Physician	ā	shock, or haart fallora. List only o	ne cause on each li	ne.	or order the mode of o	yang, suon as o	ardiac or raspiratory t	arrosq	i	ntarvai Between Onset and Death
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	the Hospital in 24 hours the Funeral pietely filled	edical C	29e. Cartifiar 1 Certifying Phy (Check only one)	sician: To the best of ner: On the basis of end menner sta	l axamination and	daath occurred at the Vor invastigetion, in my	time, date and y opinion, daath	plece, end dua to the occurred at tha time	e cause(s) and ma , deta and piece,	anner as stat and dua to t	led. ha causa(s)
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١	Y		30. Nema and address of person who co		leath (Itam 23e) (Type, Print) John	s Hupkin	ne Hospita	1 600 M	lanth (+,1996 Wolfe Shec
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State of Maryland / Department of Health and Mental Hygiene

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/Med Exam		4a. Facility Name (If not institution, giv				4b. City, Town, or	September Location of Daath	4c. County	
Funera Directo	ľ	2627 St Paul St 5. Social Security Number 6. S 004–78–8737			If Under 1 Year Months Days	Baltimo If Undar 24 Hrs Houra Min			/A 9. Birthplaca (State or Foraign Country) Norway
how		10a. State 10b. County	10c. C	ity, Town or Loca	tion				10d. Insida City Limits
the Marylar 28a-1 show	rector	Maryland N/A 10e. Street and Number		Balti	MOre 10f. Zip Code		11	On Citizen of N	Vhat Country?
ath with	aiD	2627 St Paul S	t		21218				orway
1215-0020 within 72 hours efter death with the Maryland ene. then "netural", or items 23s or 28s-4 show the Pedical Examine must be notified at	by Funeral Director	11. Marital Status 1 Never Married X2XXMarried 3 Widowed 4 Divorced	12. Was Dacedent Ever in U Armed Forces? 1 ☐ Yes A M No If Yes, Give Yaar or Dates:	If Y	s Decedent of H as, specify Cuba	Ilspanic Origin? (San, Maxican, Puel Specify:	Specify Yas or No- rto Rican, etc.)	14. Rac Blac	a - Amarican Indian, ck, White, atc. : White
and 21215-0020 be filed within 72 hours efter death with the Maryla stal Hygiene. If other than "natural", or items 23a or 28a-1 show event, the Medical Examine must be notified.	Completed	15. Decadent's Ec (Spacify only highest gra Elemantary/Secondary (0-12)	da completed) College (1-4or 5+)	(Give kir life. DC	nt's Usual Occup nd of work done of NOT usa retired	during most of wo f)	orking		usiness/Industry
Maryland 212: d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumetic event, the M	Be	17. Father's Name (First, Middle, Last) ROLF Torbiorn				18. Mothar's Na	me (First, Middla, N	faiden Suman	
ire, Marylc s 1 end 2 should f Health and Men tem 27 is marke other traumatic	70	Rolf Torbjorn 19a. Informant's Nama/Relationship		19b. Mailing	Addrass (Street		ural Route Number,		
Te, Ma 1 end 2 a Health ar em 27 is other trau		Mollie Webb Jenck		2627 S	t Paul S		more, Mar		
Baltimore, semit. Pages 1 er Department of Hea mportant: If item 2 ny injury or other		20a. Mathod of Disposition 1 □ Burial 2 (C)(x) remation 3 □ 4 □ Donation 5 □ Other (Specific	Removal from State	Placa of Disposit cametery, crema: eenmount	ory or other place				city or Town, State re Maryland
Baltimore, M permit. Pages 1 and 2 Department of Health important: If Item 27 is eny Injury or other trapes.		21. Signature of Funeral Service Licen	enake		lame and Addres	ss of Facility	Mitchell- ltimore,		
Next Ell		23a. Part1. Enter tha disease, or companies shock, or heart fallura. List only	olications that caused the deal						Approximata Interval Between
Physician /Medical Examiner		Immediate Cause (Final disass or condition resulting In death)	a. Recon Due to (c	or as a consequa		A			Onset and Death UR.
icete be executed physician and sthe buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. — Due to (c	or as a conseque	nca of):				
	edicai	Causa (Disaase or Injury that Initiated avants rasulting In death) Last	C. Due to (c	or as a conseque	nca of):			24	
death certific	clan								
d by the	Physician/M	Part II. Other significant conditions co	ontributing to daath but not ras	ulting In the unda	irlylng cause give	en in Part I.	23b. Did tol		otribute to the cause of death? 3 Probably 4 Unknown
necords, r.o. In law requires that the less been signed by the less should be detached.	Completed by						24a. Was an perform		24b. Were autopsy findings available prior to completion of causa of daath?
A S	Com						1 □ Ye	2 No	1 ☐ Yes 2 ☐ No
Principal Transfer Tr	: To Be	25. Was case referred to medical examine? 1 Yes 2 No 27. Manger of Death	Hospitai: 1 ☐ Inpatient 2 ☐ 28a. Date of Injury	ER/Outpatient 28b. Tima of	3 DOA Othe	er: 4□ Nursing I	ath (Check only one dome 5 Resider 28d. Describe how	ica 6 🗆 Othe	
f or Attending letter death. Director: After dain by the fune	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Quild not be	(Month, Day Year)	Injury		(? Yes 2□No			
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To the Hospital within 24 hours e To the Funerel Completely filled	Medical	29a. Certifier 1 Certifying Physics Conty 2 Medical Exam	relcian: To the best of my kno Iner: On the basis of axamina and manner stated.	wledge, daath oo tion and/or Invasi	curred at the tim ligation, in my op	e, data and place inlon, death occu	a, and dua to tha car arred at the time, da	use(s) and ma a and plece, a	nnar as stated. and dua to tha cause(s)
To the To the comple	Me	29th Signature and title of certifies	7		29c. License	number	29	d. Date signed	(Morfin, Day, Year)
1.		Withley	mo.		D3	1650		9/18	5/96
10		30. Name and address of person was d	omplated cause of death (Item	23a) (Typa, Prin	15.6	REEN	E ST.	Bor	To. NO.
Sta Regista		31. Date filed (Month, Day, Year) SEP 1 8 1996	Registrare Signa	4.0					



State of Maryland / Department of Health and Mental Hygiene 96

					(Certificate	of .	Death	R	eg. No.		- 1 1	0)
	6 1		1. Decedant's Nama (First, Middla, Las	st)		^			2. Data of Dear Month		Vaar	3. Tima	
	Physici /Medic		Agnes	\/		R	CLY	nd	Sept.	Day 14	1996	23	AM
	Examir		4a. Facility Name (If not institution, give	a street and number)			- (4b. City, Town,	or Location of Death	4c. County	of Death		
			Bel Air Nursi	ng and Reh	abili	tation		Bel	Air	Har	ford		
	Funeral		Social Security Number 6. S		yrs. iast birth	Months	1 Yaar Days	if Undar 24 H	in. 8. Data of Birth	Year)	9. Birthp	lace (Stata	or Foreign
ш	Director		215-09-2796	□M 2只F 90	Yr	S.		1	10/23/		Mar	yland	E
	pue *		Usual Rasidance of Decedant 10a. Stata 10b. County	100	City, Town	or Location					1	Od. Inside (City Limite
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yla	should be t and Mental I marked of umatic eve	Tol	William Hanle	У				Lou	ise (Uno	btain	able)	
lan			19a. Informant's Name/Ralationship (7	Type, Print)					Rural Routa Number				
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ore	ges 1 en it of Heei if Nem 2 or other		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □		cematary.	oisposition (Nameramatory or other	har plac	ce)		20c. Location			
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Baltimore, Maryland	permit. Pages. Department of It Important: If Ite any Injury or of pince.		21. Signature of Juperal Service Liceo	(66) / X		22. Nama and	Addra		radley A	chton	Fun	eral	Home
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	/Medical Examiner		Immediata Cause (Finei disaasa or condition rasulting in daath)	· Coro	DUR	CI AJ	2	en	dese	ARO		401	2N
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7	5 00	2	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	2 ER/Outp	atient 3 DO	A Oth	er: 4 Nursing	Homa 5 ☐ Rasida	anca 8 Ott	ner (Specify	y)	
On of	Adge Ph. After thi funeral		27. Mannar of Death 1 ☑Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Yea	28b. Tin	na of 28	c. Injur Wor	y at k?	28d. Dascribe h	ow Injury occur	rred		
	Attending Physical Attention of the funeral by the funeral	atic	2 Accidant Invastigation	1		М		Yas 2□No					
Divis	or Attendent efter deat Director:	Certification:	3 Suicida 6 Could not be datermined	28a. Place of injury - A building, atc. (Sp	t homa, fam ecify)	n, street, factory,	offica		28f. Location (Si City or Town		ber or Rura	/ Routa Nur	mber,
Ω	ral Delli												
	Hospital 24 hours Funeral stely filled	edical	(Check only 2 Medical Exam	yelclan: To the best of my liner: On the basis of exen	knowledga, o lination and/	leeth occurred a or Invastigation, i	t tha tin in my o	na, data and pia pinion, daath oc	ice, and dua to the c curred at tha tima, d	ausa(s) and mate, ata and piace,	annar as st	tha cause	(s)
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	0		30. Nama and iddress of person who o	65 //	Mack	hail A	DA	1 Rol	Air 11	MA 21	MILL		
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State of Maryland / Department of Health and Mental Hygiene

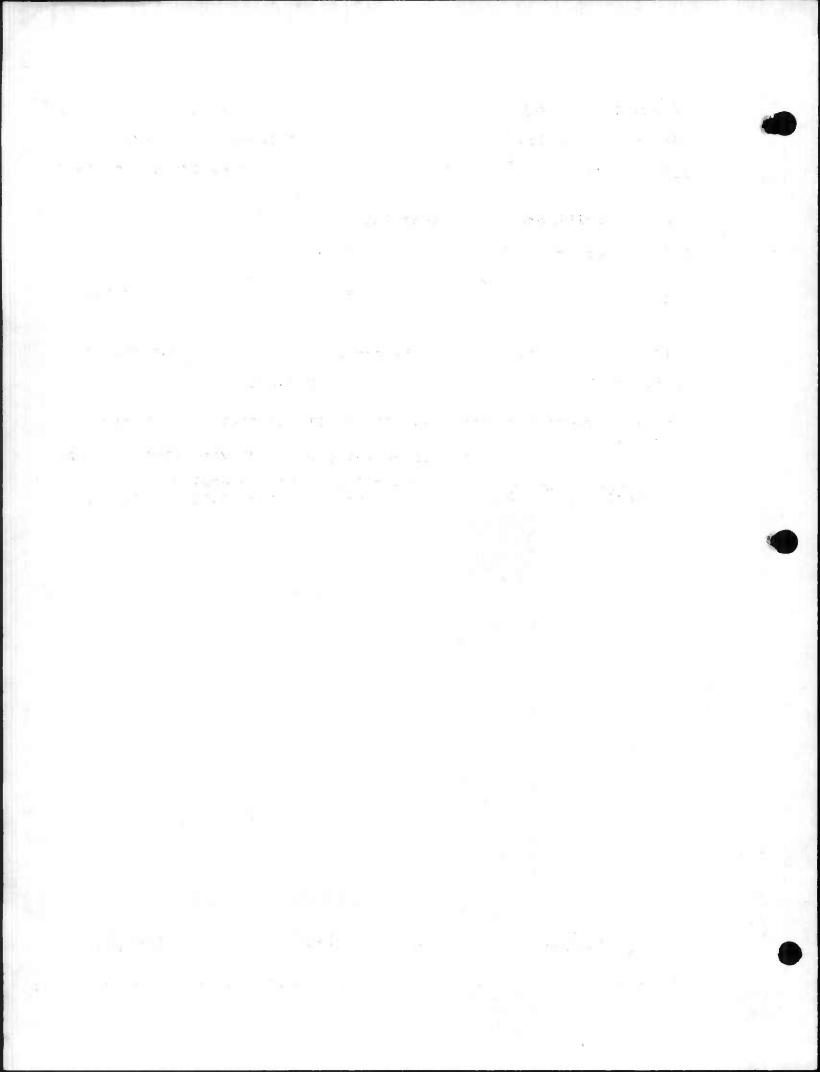
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					Certi	ificate of	Death		R	eg. No.		
Dhua	lalan	Decedent's Name (First, Middle, Las	t)					2.	Date of Deat Month	h Dev	Year	3. Time of Death
Phys	ician dical	Eunice M.	Rous					5	ptembe		996	1835
	niner	4a. Facility Name (If not institution, give	street and number)				4b. City, To	wn, or Locat		4c. County	of Death	
		St. Agnes Hosp	ital					timor	е	N,	/A	
Funer Directo		215-28-6981	7. Age	(In yrs. last b		If Under 1 Year Months Days		24 Hrs. 8. Min. J	Date of Birth (Month, Day, Une 1	Year) 192	9. Birthple Countr D En C	ce (State or Foreign 1 and
and w		Usual Residenca of Decedent 10a. State 10b. County		10c. City, Toy	wn or Loca	tion				-	10	d. Inside City Limits
Aaryl F sho	5	MD. Baltim	0.00	Cato	ncui	110		•				1 ☐ Yes 2 ☐ No
the the	Director	10e. Street and Number	ore	Caco.	HOVI	10f. Zip Code			11	Og. Citizen of V	What County	
23a or	ral Di	1406 Hubner Ave				212				U.S.A	•	
72 hours after death with the Maryland "natural", or items 23s or 28s-f show odics! Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Evarmed Forces? 1 Yes 21 No If Yes, Give Yeer or Dates:	ver in U,S.		as Decedent of es, specify Cul		gin? (Specify , Puerto Ric	/ Yes or No- an, etc.)	Bled	e - America ek, White, et Whit	tc.
5 2	Completed	15. Decedent's Edi (Specify only highest grad	ucation de com <i>pleted)</i> Coilege (1-4or 5+ + 2)	(Give kir life. DC	nt's Usual Occu nd of work done NOT use retire	during most ed)	t of working		16b. Kind of Bu		
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d la b	Be	2.7.1						nown	ii si, iviidale, ii	naiden Sumam	9)	
should be ind Mental marked o	ဥ	19a. tnformant's Name/Reletionship (T	uma Printi	10	h Mailina	Addrona /Stron			nuda Alumbus	City of Town	Chara Zin (Zo do l
O1 00 00 00		Beverly Joyner/				Address <i>(Str</i> ee						,00e)
1 and 1 Health om 27 I		20a. Method of Disposition	Daugnee	20b. Place	of Disposit	ion (Name of				20c. Location -		n State
Pages nent of I nt: If he iry or o		1 Burial 2 □ Cremation 3 □ I		1 1111		dral (-			Balti		
permit. Pages 1 a Department of Her Important: If Item any Injury or othe		4 ☐ Donation 5 ☐ Other (Specify, 21. Signature of Funeral Service Licens		New C							more,	, 115.
Departm Departm Importan any Injur	Suce	DO10 6	1/-			ame end Addr rling						
		There x	ach		-	Edmor						1228
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	ne cause on each line	ne death. Do	not enter	the mode of dy	ing, such as	cardiac or re	spiratory arre	est,		Approximate Interval Between Onset and Deeth
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w requires that been signed b should be deta	2								24a. Was at	autopsy	24b. Wer	e autopsy findings
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ysician: is certific director,	ToB	examiner?	Hospitel:	2 ER/O	utnationt	3□ DOA Ot					r (Snecity)	STAWES HOS
e la la		27. Manner of Death	28e. Dete of Injury	28b.	Time of	28c. Inju		7		w Injury occurr		37 MOVES MUSI
¶ ∰ Day	atio	1 Neturel 5 Pending Investigation	(Month, Day)		Injury		Yes 2 1	Vo	-0	_		
and on Direction of the byth	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury building, etc.	y - At home, fo	arm, street	, factory, offica		28f.	Location (Str City or Town	eet and Number, State)	er or Rural i	Route Number,
To the Hospital within 24 hours a To the Funeral Completely filled	edical C	29a. Certifier 1 Certifying Physic (Check only one)	nician: To the best of a ner: On the basis of e and menner state	xamination ar	e, death od nd/or inves	courred at the ti	me, dete and opinion, deat	d place, and h occurred a	due to the ca	use(s) and me ite and plece, a	nner es stal	ted. he cause(s)
ithin o the	M	29b. Signature end title of cartifier	and manner state	M.		29c. Licen	se number		29	d. Date signed	(Month. Di	ay, Year)
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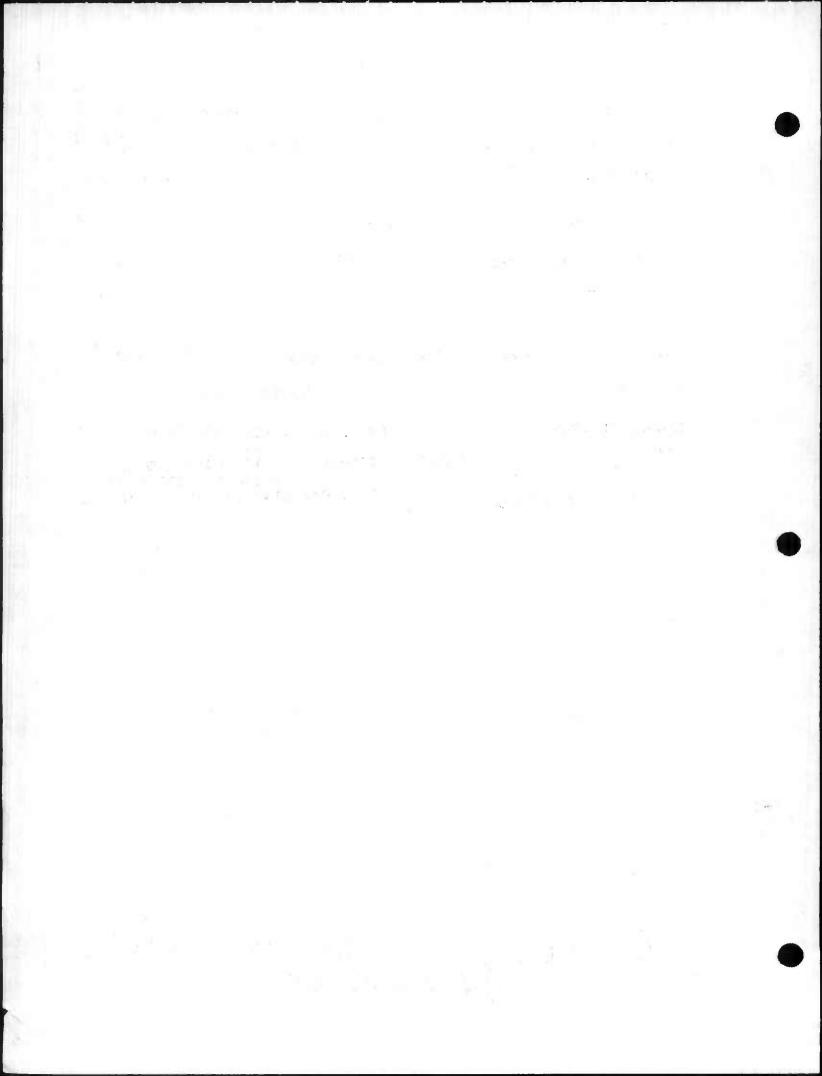
State Registrar 31. Date filed (Month, Day, Year)

32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

				o late of maryin			e of Death	ina Wentarri	Reg. No.	21161
	Physic	ian	1. Decedent's Name (First, Middle, Last)	1	0) _ /	1 -	2. Dete of D Month		3. Time of Death
	/Medi	cal		2lores	K	ober	CTS	SEPT	15 199	6 3:10 A.A
	Exami	ner	4a. Fecility Name (If not Institution, give st	neer and number)	boot	-	4b. City, Tow	m, or Location of Dea	th 4c. County of D	eeth /
ł	Funeral	Ė	5. Sociel Security Number 6. Sex	If. Age (In y	rs. last birt				irth 9.	Birthplece (Stete or Foreign Country)
	Director		217-34-7626	M 200 F 67	,	Yrs. Months	Days Hours		ey, Year)	Country) MD
	/land		10a. State 10b. County	10c.	City, Towr	or Location				10d. Inside City Limits
	ter death with the Marylan Hems 23a or 28e-f show Inst. man be not fed at	ctor	MD N/A			BALTO				1 X Yes 2 □ No
	章 50 50 50 50 50 50 50 50 50 50 50 50 50 5	Director	10e. Street end Number			10f. Zip	Code		10g. Citizen of What	Country?
	ath w		4619 FREEDON WAY				1213		U.S	. A .
	Hem Free	Funeral	11. Marital Stetus 12 Married 12 Married 14	 Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☐ No 	U,S.	13. Was Deced If Yes, spec	ent of Hispanic Orig ify Cuben, Mexican,	in? (Specify Yes or N Puerto Ricen, etc.)	o- 14. Rece - A Bleck, W	merican Indian, hite, etc.
020	72 hours after death with the Maryland natural, or Items 23s or 28s-f show pical Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Year or Detes:		1□ Yes 2	No Specify:		Specify:	BLACK
21215-0020		Completed	15. Decedent's Educe (Specify only highest grade	etion completed)	16e.	Decedent's Usue	l Occupetion k done during most e ratired)	of working	16b. Kind of Busine	ss/Industry
121		mpl	Elementery/Secondary (0-12)	Coilega (1-4or 5+)				or working		
d 2	事等		10th 17. Father's Name (First, Middle, Last)	N/A	d	ay care	Worker	a Neme (First, Middle	DAY CARI	£
lan		To Be	UNKNOWN							
Maryland	d 2 should th and Men 7 is marke traumatic	-	19a. Informent's Name/Reletionship (Type	e, Print)	19b.	Melling Address		THY TYLE or Rural Route Numb	R. ber, City or Town, Stet	a, Zip Code)
, M	s 1 and 2 if Health item 27 i		SAMUEL ROBERTS		46	19 FREE	DOM WAY	WEST BA	LTO. MD	21213
Baltimore,	5 5 5		20e. Method of Disposition XXBurial 2 ☐ Cremetion 3 ☐ Rei	movel from State	Cottleter	, crematory or of	ner piece)	SEPT	LTO, MD 20c. Location - City	or Town, Stete
Him	교 된 된 등		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenson		ALTO		NAL CEM	19, 96	BALTO, MI	
Ba	Depa impo any i		21. Signature of Pulishal Service Licenson	411		1129 N	Address of Fecility	BETTS FUI INE ST B	NERAL HON	
			23a. Part1. Entar tha disaesa, or complica shock, or heart feiture. List only one	ations that causad tha de	eth. Do n	1				Approximete
	Physician		shock, or heart reture. List only one	ceuse on eech line.						Interval Between Onset and Deeth
1	/Medical Examiner		tmmedieta Ceuse (Finel disease or condition resulting in death) e.	MYO	CAT	SDIAL	INFA	Ret		HRS
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	od ansit	min	Sequentially list conditions	13C	VV.	onsequence of):				
ó,	e exectian and urief-tr	Ex	Sequentielly list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Cause (Disaase or injury	540 10	(0) 03 0 0	orisequence orj.				
68760,	certificate be executed Iding physician and ise as the buriel-transit	Medical Examiner	that initiated events resulting In deeth) Lest	Due to	(or es e co	onsequence of):				
		//We	d							
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	requires that the death cer been signed by the attendir should be detached for use	by	CHROTTE	UREM	N+	06 = 0	URING			
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Records,	has pe 2	dmo				011	ALYSIS			of death?
ta_	M: Th	0	25. Was cese referred to medical				26 Piece o	of Death (Check only	Yas 2 PNo	1 Yes 2 No
	d la	To B	exeminer? 1 Yes 2 No Hos	spitel: 1 Inpatient 2	☐ ER/Out	petiant 3 DO/	Othor		dence 6 □Othar (S	pecify)
27			27. Manner of Deeth 1 □ Maturel 5 □ Pending	28e. Deta of Injury (Month, Dey Year)	28b. Ti	ma of 28	c. Injury et Work?	7	how injury occurred	
Division	Attendir r death ector: A by the fu	Icat	2 Accident investigation 3 Sulcide 6 Could not be	00 - Plane - 11 : A		М	1 ☐ Yes 2 ☐ No			
ŏ	after A Birec d in by	Certification:	4 Homicide determined	28e. Plece of Injury - At building, etc. (Spec	nome, terr	n, street, factory,	office	28f. Location (City or To	Street end Number or wn, Stata)	Rurel Routa Number,
	To the Hospital or Atten- within 24 hours after deal To the Funeral Director completely filled in by the	edical C	29a. Certifler (Check only 2 Medical Examine)	an: To the best of my kr	nowledge,	death occurred e	t tha time, deta and	place, end dua to tha	cause(s) and mannar	as steted.
	the H hin 24 the Fi	Medi	5.15)	On the basis of exemired manner steted.	nation and/			occurred at the time,		4
	0 T V 0		29b. Signeture and title of certifier	X		29c.	License number	70	29d. Date signed (Mo	nh, Dey, Year)
	/	-	30. Neme and eddress of person who comp	2 2 mm	m 00-1 (T	Vena Palan	1106,	10	4/16	176
	5		companies of person who comp	Jaieu Ceulle Gaath (Ite	238) (1	APIR	MO	1075	5 111	A.S
	Sta		31. Dete filed (Month, Dey, Yeer)	32. Hadistrer's Sign	neture	.0 11	1. 0		J tour	7-07
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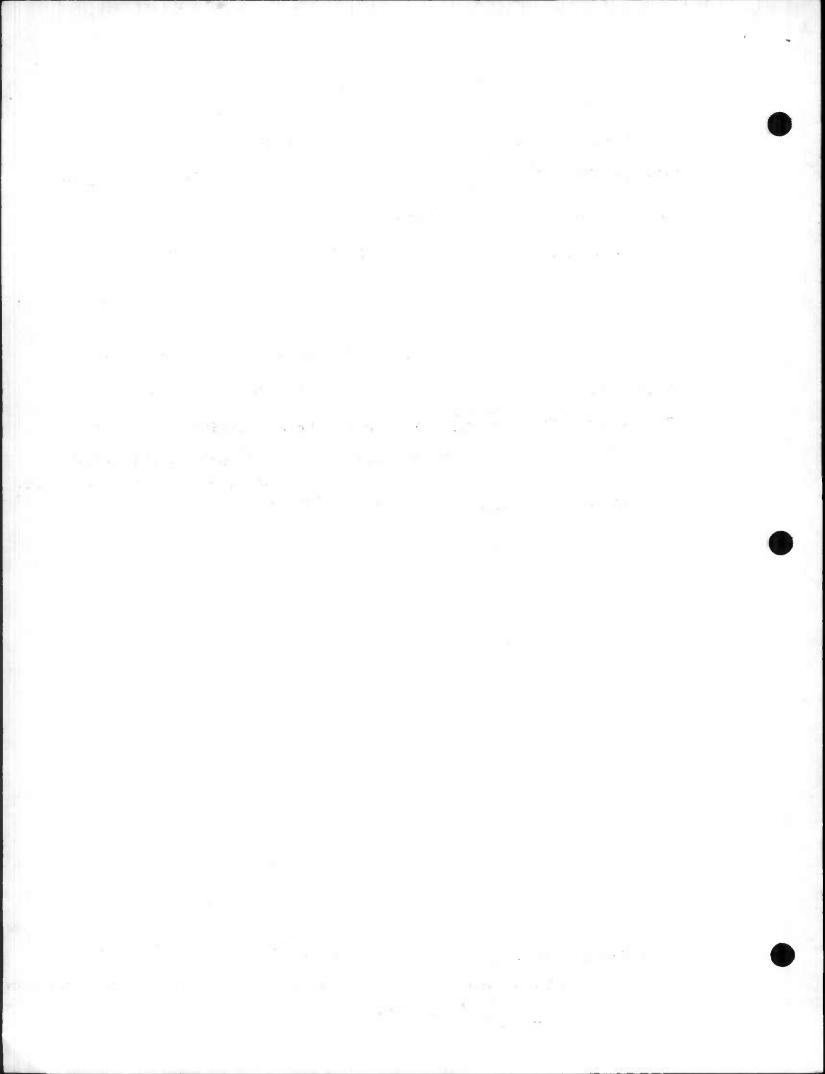


State of Maryland / Department of Health and Mental Hygiene 96

ITEM#3 g739 9/18/96ag perDr. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Deeth **Physician** Year Michael J. Radu 15,1996 9:15am September /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 623 Tolna Street Baltimore If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5 Social Security Number 7. Age (in yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F Yrs. 212-60-2570 Director 12/18/1951 Maryland Usuel Residence of Decedent filed within 72 hours efter death with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits rat', or items 23a or 28a-f show Examiner roust be notified at MD n/a Baltimore 1 XYes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 623 Tolna Street 21224 USA Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Specify: White 1 ☐ Yes 210 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced "neturel". Completed traumatic avant, the Madical 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) marked other than Elementery/Secondery (0-12) College (1-4or 5+) Export Hygiene. General Manager Packaging 4 permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked othe any Injury or other traumatic avant, once. 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be George A. Radu Florence Mieulita 19e. Informent's Neme/Reletionship (Type, Print) Sister 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Charlotte Radu In-Law 627 Tolna Street Baltimore, Md. 21224 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burlei 2X Cremetion 3 ☐ Removel from Stete 9/19/96 Baltimore, Md. Greenmount 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Joseph N. Zannino Jr. F.H. 263 S. Conkling St. Baltimore, Md.21224 annu bullications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediata Ceusa (Finel disease or condition resulting in deeth) Carcinomia of the & MONTHS Examiner Due to (or es e consequence of) Examiner physician and s the burial-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, laeding to immediata cause. Enter Underlying Couse (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequença of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. Division of Vital Records, P.O. the 23b. Did tobecco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed been has certificate 2 1 No 1 ☐ Yes 2 ☐ No f or Attending Physician: offer death.

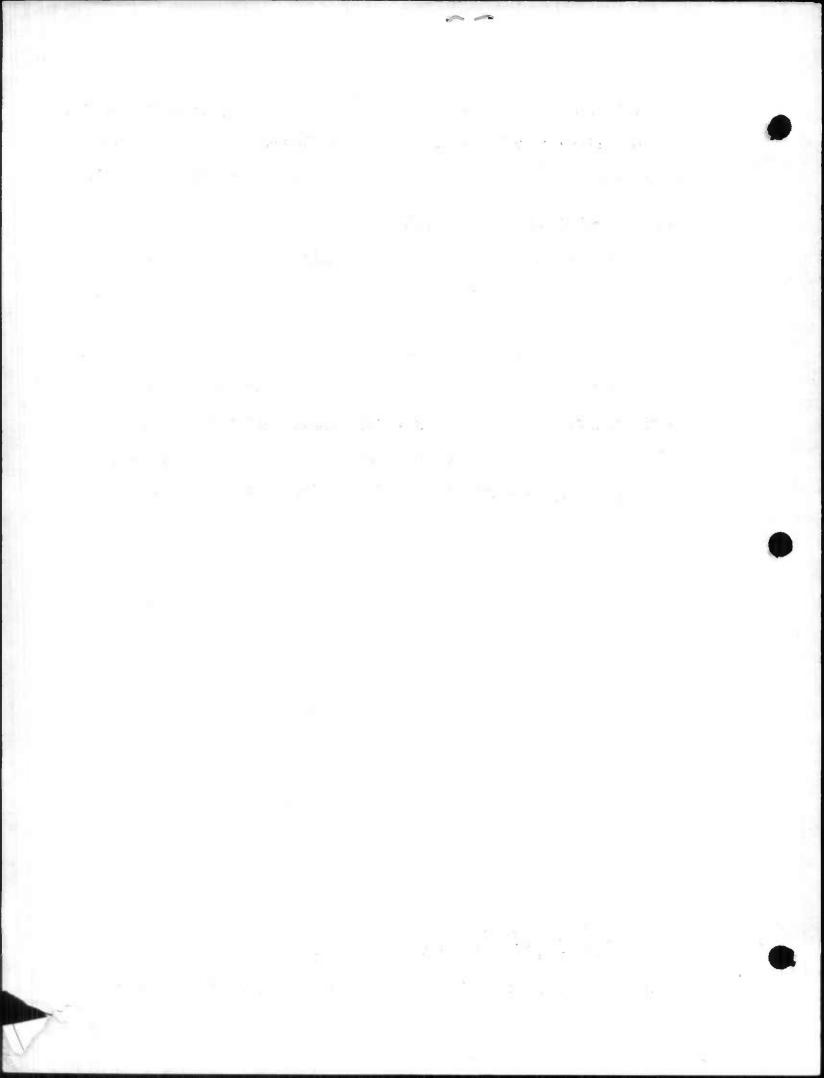
Director: After this certification 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Lo 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide a Funeral Di edlcai 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end mennar es steted. (Check only one) 2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred et tha tima, data and place, and due to the cause(s) end menner stetad. To the P within 2 To the F complet 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D 15589 Mythony L. Ludambo, MD. 30. Name end eddrass of person who complated cause of deeth (Item 23e) (Type, Print) UNIV. MARYLAND HOSP. 22 S GREENE ST. BALTIMORE 21201 IMBEMBO, MD. ANTHONY L. 32. Pegistrene Signeture
Whatelese Radall State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 27763

					Cer	tificate of	Death		Reg. No.		- 1 1 0 0
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ì.	/Medi Exami		4e. Facility Neme (If not institution, give				4b. City, Town, or I				13.05 PM
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	yland W #		10e. State 10b. County	10c. C	ity, Town or Loc	ation				1	0d. Inside City Limits
	the Man	Director	MD. BALTO.	CITY B	ALTIMOR	E 10f. Zip Code			10g. Citizen of	After Court	1∰Yes 2□No
	23e or		3908 THE ALAMED			212			USA		
	er de	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in U Armed Forces?	J,S. 13. W	es Decedent of Yes, specify Cut	Hispanic Origin? (S ben, Mexican, Puert	pecify Yee or No o Rican, etc.)	0- 14. Red Bie	e - Americ ck, White,	ean Indien, etc.
0050	d within 72 hours after death with the Maryland jiene. I than "natural", or itams 23s or 28s-f show the Modes! Examiner must be notified at	Ď	1 Never Merried 2# Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ∰ No If Yes, Give Yeer or Detes:	1	□Yes 2∰No	Specify:		Specif	BLA	CK .
Maryland 21215-0020	within 72 h ene. than *natu	Completed	15. Decedent's Ed (Specify only highest gra Elemantary/Secondery (0-12)		(Give k	ent's Usuel Occu kind of work done O NOT use retire	during most of wor	king	16b. Kind of B	usiness/Ind	dustry
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any		_	19e. Informent's Neme/Reletionship (7	Type, Print)	19b. Melling	Address (Stree	t end Number or Ru	ral Route Numb		Stete, Zip	Code)
Σ	1 and 2 Health a em 27 ia		ROSA H. ROCK	WIFE	3908	THE ALAN	MEDA BAL	TIMORE,	MD. 21	218	
re,	A Head		20e. Method of Disposition	20b.		ition (Name of etory or other ple		Dete	20c. Location -		wn, State
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Baltimore,	Prise Party		21. Signature of Poneral Service Licen			Neme end Addr			HILLOND	, 1/1	
Ba	permit. Peges 1 and 2 Department of Health a Important: if item 27 is any injury or other tra pages.		· Coul Cr	Ostep	E	STEP BRO	OTHERS FULL AW PL. BA	NERAL H	OME P.A.		
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0	the the	Physician/	Part II. Other significant conditions co	outhousing to death but not res	suiting in the un	denying cause gi	ven in Perti.				the causs of death?
a	that led b	Y P	Dilated cardiomy	opathy				1	Yee 2□ No	3 Pro	bably 4 ☐ Unknown
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Records,	has 96.2	Completed								of	death?
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Division of Vital	Attending Ph or death. ector: After th by the funeral	ation	27. Mannar of Death 1 X Netural 5 Pending 2 Accident investigation		28b. Time of injury	M 1	iry et ork?] Yes 2 □ No	28d. Describe	how injury occur	red	
DIVIS	P P P	Certification:	3 Suicide 6 Could not be 4 Homicide datamined	28e. Plece of Injury - At h building, atc. (Speci	ome, ferm, stre	et, fectory, office	1 43		(Street and Numb wn, Stete)	er or Rura	il Route Number,
	Hospital or 24 hours afte Funeral Dir 1919 filled in	edical C	29a. Certifier (Check only one) Certifying Phy 2 Medicat Exam	velcian: To the best of my knowiner: On the basis of examine	wiedge, deeth	occurred et the ti	lme, deta end placa opinion, deeth occu	, end dua to tha	cause(s) and ma dete and pleca,	nner as si and due to	etad. o the ceuse(s)
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	1()		30. Name and eddress of person who o			•		D 7	140.0	1004	
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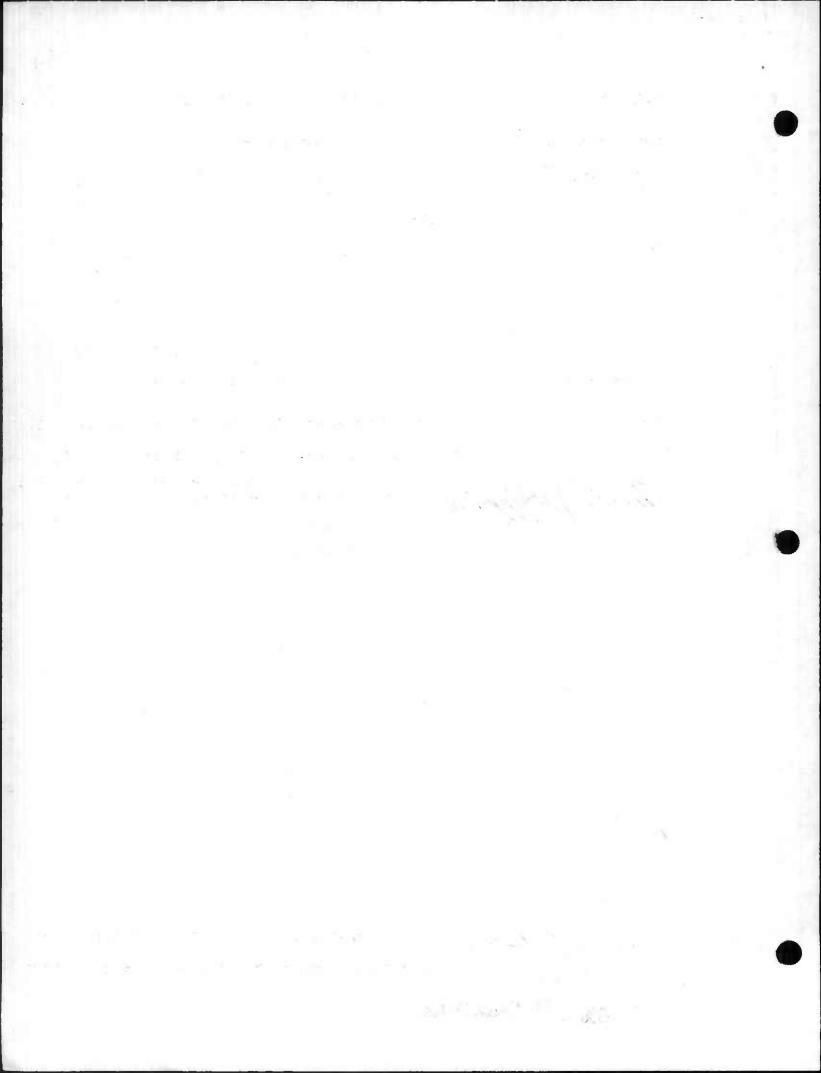


State of Maryland / Department of Health and Mental Hygiene

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	Director
Maryland 21215-0020	nd 2 should be filed within 72 hours after death with the Maryland lith and Mental Hygiene. 27 is marked other than "natural", or Items 23s or 28s-4 show if traumatic event, the Medical Example and provided at

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at be notified	al Dire	10e. Street and Number 6910 Cha	mbers	Road			10f. Zip Coda 2 1	234			10g. Citizan of U.S.		
	Ď	11. Marital Status 1 Nevar Marriad 2 3 Widowed 4 D		12. Was Dece Armed For 1 Yes if Yas, Giva Yaar or Da	ces? 2 ∰ No a	if	Vas Dacedant of Yes, specify C			cify Yes or No Rican, atc.)		ce - Amarican lick, White, atc. $^{(y)}$ White	
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State of Maryland / Department of Health and Mental Hygiene

96

						Cei	titicate	OT	Death			Reg. No.			
	Physici /Medi		1. Decedent's Nama (First, Middle, Last) BARBARA J - SMITH								2. Deta of De Month	3EPT 15 1		3. Tima of Death	
Ĭ	Examir		4a. Facility Name (If not institution, giva street and number) Deaton Medical Center							wn, or Lo	cation of Deet	4c. Cou	N/A		
	Funeral Director		5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last b			ist birthday) If Under 1 Yeer If Under 2				8. Deta of Birth (Month, Day, Year) 9. Birthola Country			place (State or Foreign ntry) ny land		
	h the Maryland r 28a-f show	ō	Usual Rasidence of Decedant 10a. State 10b. County Mary Land N/A			ity, Town or Lo								1 Od. Inside City Limits 1 ☑ Yes 2 ☐ No	
Maryland 21215-0020	or 28a-	Funeral Director	10e. Street and Number			altimor	10f. Zip C					t0g. Citizen	zen of What Country?		
	23a	Ta .	1120 W. Sarato	2	122	3	_			USA					
	72 hours efter death with the Maryland natural', or items 23s or 28-4 show dired Evaniner must be notified at	by	11. Marital Status 1 Navar Married 2 Marri 3 Widowed 4 Divorced	12. Was Dec Armed F 1 ☐ Yas If Yes, G Yeer or I	cedent Ever in U orces? 2 🖾 No iva Datas:	J,S. 13.	Was Deceda 1 Yas, specif 1 □ Yas 2	(gin? (Spe i, Puarto	ecify Yes or No Rican, atc.)		Race - Americ Bleck, Whita, ecify:		
	C .	Be Completed	15. Dacedant (Specify only highas Elamantary/Secondary (0-12) 12+h	grade complated,	(1-4or 5+)	(Give	lant's Usuei kind of work DO NOT use	dona retire	oation during mos d)	t of worki	ing	16b. Kind o	Own	dustry	
	ould be filed with Mental Hygiens. arked other than affic event, the M	Be Co	17. Fathar's Nama (First, Middla, L James Leight	-			43011			r's Nama	(First, Middle,		nama)		
Mary	and and a m	은	19a. Informant's Neme/Relationsh Rosaland Knott						and Numbe	er or Rura	Balt.,	er, City or To	wn, Stata, Zip	Code)	
Baltimore,	permit. Pages 1 and 3 Department of Haalth Important: If Item 27 i any Injury or other tre		20a. Mathod of Disposition 1 □XBurial 2 □ Cramation 4 □ Donation 5 □ Other (So		Stata Wes	Place of Dispo	sition (Name	of			Date	20c. Locati	on - City or To		
Baltii	permit. Page Department of Important: If any injury or once.		4 Donation 5 Other (Specify) 21. Signeture of Funerel Service Licenses 22. Neme end /									Comm. F/H			
	_		23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Appropriately a cause on each line.											Approvimate	
	Physician /Medical Examiner	sician edicai Immediata Cause (Final AND KIC ENCEPHAL DRATHY												Approximata Interval Between Onsat and Death	
Box 68760,	certificate be assocuted nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseesa or Injury that initiated evants rasulting in death) Last	c		or as a conseq or as a conseq									
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P.0	ach a	Phys	Part II. Other eignificant conditions contributing to death but not resulting in the underly HISTORY OF CAMPIAN AURIST, DIABETT						FULL V			ld tobacco use contribute to the cause of death? ☐ Yes 2☐ No 3☐ Probably 4월 Unknow			
of Vital Records,	requires reen sign hould be	Completed by Physician	HYPURTENSIO	2								en autopsy ormed?	av	ere autopsy findings allabia prior to impletion of cause death?	
č	sician: The law certificate has b director, page 2 s	E									1 🗆	Yes 2 N	0 1	☐ Yes 2☐ No	
ita	ysician: s cartifica director, j	Be	25. Was casa rafarred to medical						28. Placa	of Death	(Check only (one)			
ion of Vi	Physical Phy	ဥ	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient						Other: 4 Nursing Home 5 Residence 8 28c. Injury et Work? M 1 Yes 2 No					(5)	
Division	P aft of	Certification:	3 ☐ Suicida 6 ☐ Couid n 4 ☐ Homloida detarmin	ned 288. Place build	e of Injury - At h ing, atc. (Speci	fy)					City or To	wn, Stata)		al Routa Number,	
	the Hospital of 24 hours by Funeral pletaly filled	edical	29a. Certifier (Check only one)	Physician: To the xaminer: On the b and man	a best of my kno easis of examina ner steted.	owledga, daath ation end/or Inv	occurred at rastigation, is	the ti	me, dete en opinion, dae	d place, a th occurre	and dua to tha ed at tha tima,	cause(s) end data and pla	manner as s ce, and dua to	stated. tha cause(s)	
	200	Σ	29b. Signature and title of certifier	· Will	Jan un	D	-		a number				17, /		
	9		30. Name and address of person w	ho complated cau	se of death (Ital	m 23a) (Type,					PAIT.	MADE	M.D.	7/5	
T	Sta	_	31. Data filed (Month, Day, Year)	32. F	egistrar's Sign	atura		1,-6		1)	0141	1	1000	11230	

an w h. form and figure

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

Funeral

Director the Maryland

r is marked other than "naturs!", or items 23s or 28s-4 show traumatic event, the Medical Examiner must be notified at permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene Important: If Item 27 is marked other than "n any injury or other traumatic avant

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

physician and s the burial-transit The law requires that the death certificate be executed signed I page 2 s pertilicate

P.O. Box 68760

Records,

Vita

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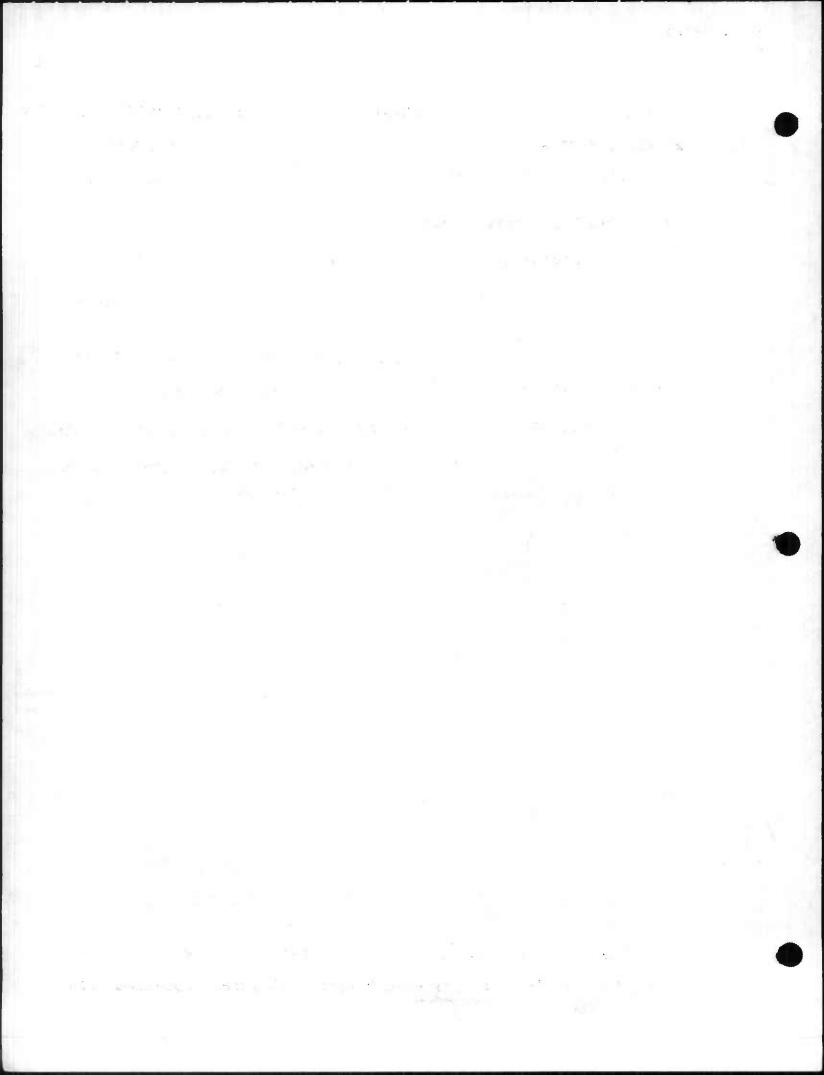
To the Hospital within 24 hours To the Funeral completely filled

1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month SEPT.11,1996 CAROL HOFSTETTER SCHLOUGH 17:15 P 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death RT.152 & KIDD RD. HARFORD FALLSTON If Undar 1 Yeer 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) Days 1□M 25 F Vrs 216-42-3988 50 Jan 11, 1946 Maryland Usual Rasidance of Dacedant 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☑ No Directo Maryland Baltimore County Monkton 10e. Street end Numbe 10f. Zip Coda 10g. Citizan of What Country? 16444 J.M. Pearce Road 21111 Funeral USA 12. Wes Dacedent Ever In U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - American Indian, Bleck, White, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yes, Giva Å Year or Datas: þ 3 ☐ Widowed 4 ☐ Divorcad Specify: White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collaga (1-4or 5+) Hospice Home Care Reistered Nurse-Coordinator 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Meidan Surneme) Be Jack Dean Hofstetter Doris Mildred James 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Coda) Mr. Paul W. Schlough 16444 J.M. Pearce Road, Monkton, Maryland 21111 e of Disposition (Name o 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other plece) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 9/13/96 Baltimore, Maryland 21. Signature of Funeral Service Un 22. Nema and Addrass of Facility Mitchell-Wiedefeld Home Millin B. 23a. Part1. Entar tha diseasa, or complications that ceused the death. Do not antar the mode of dying, such es cerdiac or respiretory effect, shock, or heart failure. List only one cause on each line. Immediata Causa (Final diseesa or condition rasulting in daath) Multiple Injunies Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury that initiated avents rasulting In daeth) Last Dua to (or as a consequence of): Physician/Medical Due to (or as e consequanca of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Wara autopsy findings aveilebla prior to complation of causa of death? Completed 24e. Wes en autopsy performed? 12 Yas 2 □ No 17 Yas 2 No Be 25. Was cesa raferred to medical 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Dathar (Specify) MVA Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To ¥ Yas 2 No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending Invastigation 1 Yas 2 No 2 Accidant 9-11-96 1630 Accident Motorvehicle 6 Could not be datarmined 3 ☐ Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, State) 2 te 152 thought 28a. Place of Injury - At home, ferm, straet, factory, office building, atc. (Specify) 4 Homicida Harford County, Maryland Street 29a, Cartifiar 1 Certifyling Physician: To tha bast of my knowladga, daath occurred et tha tima, data and place, end dua to tha cause(s) end manner as stated. Medical Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29b. Signetura end title of certifian 29c. License number 29d. Data signed (Month, Day, Year) OCME SEPT.12,1996 30. Nama and addrass of person who completed causa of death-(flem 23a) (Type, Print) Penn Street, Baltimore, Maryland 21201 Radentz 111

Registrar

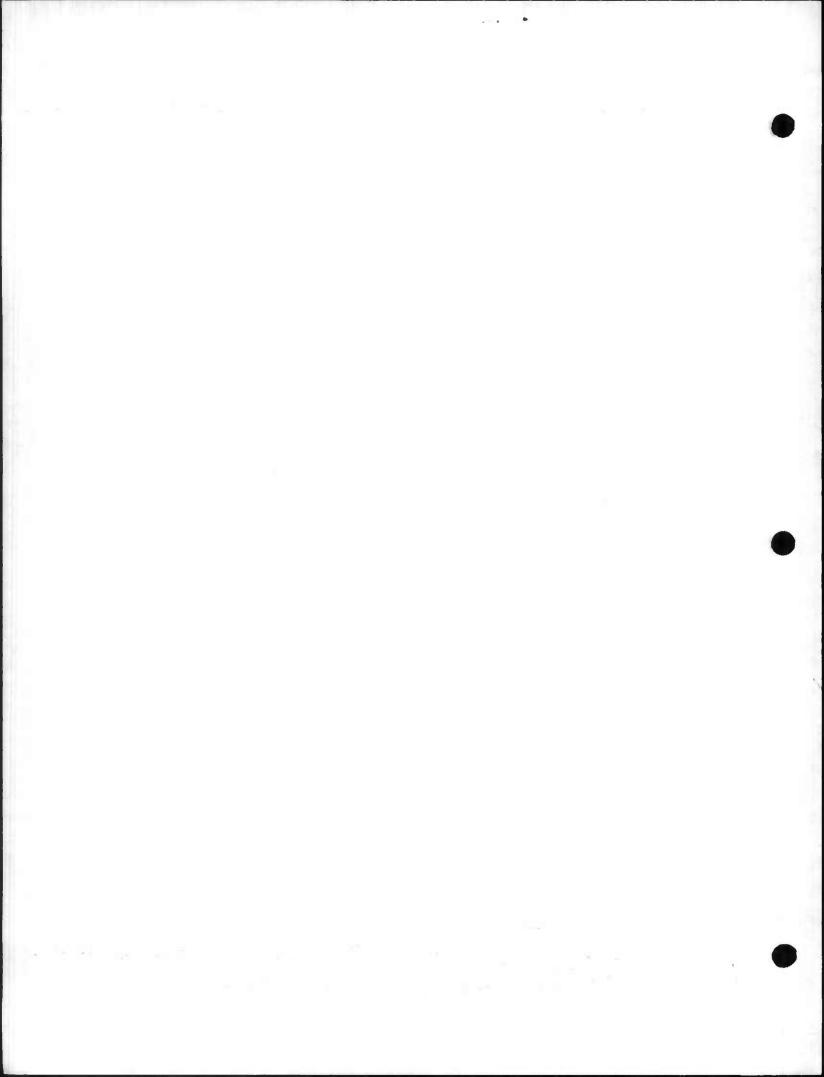
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State of Maryland / Department of Health and Mental Hygiene 96 27767

					Certific	ate of	Death		Reg. No.				
1.190	Ш	1. Decedent's Name (First, Middle, L.	ast)					2. Data of D		V	3. Time of Death		
Physic /Med		Tommie Singleto	n					Septemb	er 12, 1	L996	01:45 a.m		
Exam		4a. Facility Name (If not institution, gi	ve street and number;)		4	4b. City, Town, or						
		ST. AGNES HOSE	PITAL				BALTIM	ORF	BALT	0. C	1 TY		
Funera	Г			ga (In yrs. last bi		der 1 Year	If Under 24 Hrs	s. 8. Date of B			placa (Stata or Foreign ntry)		
Directo		240 12 3030	1₩ 2□F	94	Yrs. Monti	ns Days	Hours Mir	1/25/0	02	Coul	S.C.		
and * _		Usual Residenca of Decedent 10a, State 10b, County		10c. City, Tov	m or Location						10d. Inside City Limits		
faryli sho	5	2017	CITY								1∰ Yes 2□ No		
the A	Director	MD. BALTO. 10e. Street and Number	CIT	BALT		Zip Code			10g. Citizen of	Minot Cour	"		
with a or	ō				101.		^			Wilet Coul	ill y r		
e 23	eral	41 N. ABINGTON	12. Was Decedani	Ever in II S	12 Wee De	2122	9 Iispanic Origin? (:	Specify Ven es N	USA	oo - Ameri	can Indian,		
ter d Item	Funeral	1 Naver Married 2 Married	Armed Forces?)	If Yas, s	pecify Cube	an, Mexican, Pue	rto Rican, etc.)		ck, White,			
ours effer death with the Marylan al', or flems 23a or 28a-f show Exertines must be noutled at	by i	3∰ Widowed 4 □ Divorced	1 ☐ Yas 2 ## If Yes, Give Year or Dates:	140	1 🗆 Yes	2/ No	Specify:		Specif	y: BLA	ACK		
72 ho	Completed	15. Decedent's E (Specify only highest gr	iducation	168	. Decedent's U	sual Occup	ation	orkina	16b. Kind of B	usinass/in	idustry		
E . 5	nple	Elementary/Secondary (0-12)		College (1-4or 5+)		(Give kind of work done during most of w life. DO NOT use ratired)							
T1 70 h and	Co	10	0		NON	E				NE			
0 = 0 >	Be	17. Father's Name (First, Middle, Las	0				18. Mother's Na	ma (First, Middle	e, Maiden Sumar	ne)			
	L _O	SAM	B001	NE			ROSE	SIN	GLETON				
and and and		19a. Informant's Name/Relationship	(Type, Print)	19	b. Mailing Addr	ess (Street	and Number or F	lural Route Numi	ber, City or Town	, State, Zip	Code)		
SENF		EARTHIE PERRY	DAUGHTER				N AVE. B						
of of the		20a. Method of Disposition 1 ☐ Burlal 2#☐ Cremation 3 (Removal from State	a arm a fa	of Disposition (i	Vama of or other piac	ce)	Date	20c. Location	- City or To	own, State		
		4 Donation 5 Other (Speci			CREMAT	ORY S	9/16/96		CATONSV	ILLE.	MD.		
permit. Pag Department Important: I any injury c		21. Signature of Funeral Service Lica	nsee				ss of Facility	HNCDAL I	IOME D A				
20599		1 Coul Of	action		130		OTHERS F AW PL. B	ALTO, MI					
E. France		23a. Peril. Enter the disease, or con	iplications that feuse	d the death. Do	not enter the n	noda of dyin	ng, such as cardie	ac or respiratory	arrest,	-	Approximata Interval Between		
Physician		23a. Peril. Epier the disease, or complications this deused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximate interval Between Onset and Death											
/Medical		Immediate Cause (Final disaasa or condition											
Examiner		rasulting in death)	a. Myo	Due to (or as a	consequenca	of):	031				2 (10073		
D .=	ner		, Cara		2856		11500 50				20 4845		
nd trans	Examiner	Sequentially list conditions,		7200									
e exe		cause. Enter Undarlying	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury										
ate b hysic the b	Ilca	that initiated events resulting in deeth) Last											
certificate be executed ding physician end ise as the burial-transit	/Medical												
2 5 3	lan												
the a	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco usa contributa to the cause of death				
es that the deeth igned by the ette be detached for									1 Yes 2 No 3 Probably 4 Utiknow				
signe signe	l by									T 045 W	form and an another times		
v requires been sign should be	etec	hyperters w.				perl	s an autopsy formed?	av	fere autopsy findings vallable prior to emplation of cause				
2 55	Completed									of	death?		
The ate	S							1 🗆	Yes 2⊠No	11	☐ Yas 2☐ No		
Physician: The this certificate ral director, page	Be	25. Was casa referred to medical examiner?	1111111111					eath (Check only	one)				
Physic this o	2	1 ☐ Yes 2 ☐ No	Hospital:			DOA Oth	4 Li Nursing	7	idence 6 Ott		fy)		
	on	27. Manner of Death 1 ☐ Natural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Sulcide 6 ☐ Could not be							how Injury occu	red			
1005	cat												
or At after Direct in by	Certification:	4 Homicide determined	286. Placa of In	ury - At homa, fi c. <i>(Specify)</i>	arm, straet, fac	tory, office			(Street and Num. own, State)	ber or Run	al Route Number,		
Ille of the		300 Cortifier ATT Continue Di	business Tasks base	of to do					/ - \				
25 元	edical	29a. Certifier 1 Cartifying Pl (Check only one) 2 Medical Exa	hysician: To the best minar: On the basis o and manner st	f examination ar	e, deeth occurr nd/or investigat	ed at the tin ion, in my o	ne, date and place pinion, death occ	a, and due to the urred at tha time	date and placa,	and dua t	neted. o tha causa(s)		
a de	₩ W	29b. Signature and title of certifier	and manner st		T	29c. Licens	e number		29d. Date signe	ed (Month,	Day, Year)		
F 5 F 5		10/)_			D	0.0		0 1	L			
n		20 News of the Control	196	Phys	ian	V05	0907		Septe	nker	12,1996		
do		30. Neme and address of person who	/ A		0 11	A 1	a 11	n. /.	1				
C4	ato	900 50(1) Ca 31. Date filed (Month, Day, Year)	a 32. Registr	ar's Signature	100 111	mas	1	an lan	. 4				
51	ate	CFD 1 0	1 1. 10	A -	-								



ITEM: 5. PER FI.H. FILM

G-739 9/24/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27768

_						Ce	runcate	OI	Death			Reg. No.			
	Physic		1. Decedent'a Name (First, Middle, L B. Viola Santmye		00			1	2. Data of D Month	Day	Year	3. Time of Death 2:16 A.M			
	/Medi Examir		peptembel 13, 1990												
	LAGIIII	161	North Arundel Con	nvalesce	ent Cen	ter			Glen	Burni	0	Anr	ne Ar	undel	
-	Funeral			Sex	7. Age (In yrs		If Undar 1						-		
	Funeral Director		219-12-79-36 10 M 254 F 87 Yrs. Months Days Hours Min.							Min.	8. Data of B (Month, L			placa (Stata or Foreign intry)	
	_		Usual Residence of Dacedant							1	Jan.	5, 1909	Mai	yland	
	land m		10a. State 10b. County		10c. C	ity, Town or L	ocation							10d. Inside City Limits	
	be filed within 72 hours star death with the Maryland nat Hygiene. d other then "neturel", or itema 23a or 28a-f show event, the Medical Examiner must be notified at	Funeral Director	Maryland Anne Art	unde1	Mi	llersv:								1 ☐ Yes 2√ No	
	E 98	D.	10e. Street and Number 10f. Zip Coda									10g. Citizan of	What Cou	intry?	
	23a	8	8195 Weyburn Rd.		21108							United States			
	dae	De	11. Marital Status	12. Was Dec	12. Was Decedent Ever in U,S. Armed Forces?		13. Was Decedent of Hispanic Origin? (Spe if Yas, specify Cuban, Mexican, Puarto I					o- 14. Rs	ce - Amar	ican Indian,	
0	or he	F	1 ☐ Never Married 2 ☐ Married		2 ☑ No ive		1 Yes 2				noan, ato.)				
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Ē	Pag ment: my		4 Denation 5 Dother Space	ty)		rkwood	Cemet	ery		16, 1		Baltim	ore.	Marvland	
alt	permit. Pagas 1 and Department of Haalth Important: If item 27 any injury or other ti once.		21. Signature of Poneral Service Lightnee 22, Name and Address of Facility												
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			On Dord Enterthy disease as an	unilantiana that		4	21 Cra	in	Hwy.,	, S.E	., Gl∈	n Burni	e, MI		
			23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, auch as cardlac or respiratory arreat, ahock, or haart failure. List only one cause on each line. Approximate interval Between the mode of dying, auch as cardlac or respiratory arreat, interval Between the mode of dying, auch as cardlac or respiratory arreat, and the mode of dying, auch as cardlac or respiratory arreat, and the mode of dying auch as cardlac or respiratory arreat, and the mode of dying are the mode of dyi											interval Between	
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2	D 2 2	5	27. Menner of Death 1 ⊠Naturai 5 □ Pending	28a. Date (Mor	of Injury oth, Day Year)	28b. Time of injury	of 286	c. Injui	ry at rk?	2	8d. Describe	how injury occu	rred		
010	Attending or death. ector: Attai by the funa	ati	2 Accident invastigation				M	1 🗆	Yas 2	No					
Division	Att de by t	tilli	3 ☐ Suicida 8 ☐ Could not I 4 ☐ Homicide detarmined	286. Plac	e of Injury - At h		reet, factory,	office		2		(Street and Num	ber or Ru	ral Route Number,	
Ö	al or Attendir s after daath. Il Director: Al ed in by the fu	Certification:		Dollo	ing, atc. (opeo	'97					Only of T	outu)			
	Hospital 24 hours Funeral staly filled		29a. Certifiar 1⊠ Certifying P	ysician: To the	best of my kno	owledge, deat	h occurred at	the ti	me, dete an	d place, ar	nd due to the	cause(s) and m	anner as :	stated.	
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in t	edical	(Check only 2 Medical Exa	miner: On the b											
	To the To the comple	Me	29b. Signature and title of certifier				29c.	Licens	se nu <i>m</i> ber		T	29d. Data sign	ed (Month.	, Day, Year)	
	1		1000001	11000	1 sto	M		5	147	57	29d. Data signed (Month, Day, Year)				
14	111		- Jack 1/1	hon	10 Mars			1)	, , ,	2 7	September 13, 1996			3, 1996	
D			30. Name and address of person who		-										
U	`		Robert B. Kroopn	ick, M.	D., 795	Aquah	art Rd	٠,	Glen	Burni	le, Ma	ryland 2	21061		
			A												

Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day ANTHONY N. SINCLITICO SEPTEMBER 16, 1996 /Medical 6:55am 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MANOR CARE HEALTH SERVICES TOWSON BALTIMORE If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Days 1⊠M 2□F 76 Yrs. Director FEB. 2, 1920 018039707 Mass. Usual Residence of Decedent the Maryland to or 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Director Rosedale 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1800 Willann Rd. 21237 USA "natural", or items 23a edical Examiner must Funeral death 12, Was Decedent Ever in U,S. Armed Forces? N∏Yes 2 □ No IYes, Give Year or Dates: 11. Merital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Reca - American Indian, filed within 72 hours after Bleck, White, etc. 1 Never Married & Married 21215-0020 1 Yes 2 No Specify: by Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) 5+ 12 Chemist U.S. Govt. permit. Peges 1 and 2 should be filed Department of Health and Mental Hyg Important: if Item 27 is marked other any injury or other treumetic event, altimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Thomas D. Sinclitico Josephine Palmisano 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Catherine Sinclitico /wife 1800 Willann Rd. Baltimore, MD 21237 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Removal from State Holy Redeemer 9-19-96 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Funeral Servica License 22. Name end Address of Fecility Cvach/Rosedale Funeral Home enuse 1211 Chesaco Ave. Baltimore, MD 23a. Part 1. Enter the disease, or complications that deuted the deuth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause or onch line. **Physician** /Medical Immediate Cause (Finai 48 dons. Unuseful's Dua to (or as a consaquance of): disease or condition resulting in death) **Examiner** Physician/Medical Examiner The law requires that the death certificete be executed bunial-transi Sequentially list conditions, if any, leading to immediata ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760. the ettending physician Due to (or as a consequence of): use es the P.O. Part Ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by 1 Yes 2 No 3 Probably 4 Unknown Vodermutation. Degenerative Division of Vital Records, 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? certificate hes NA 1 Yes 21 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Hursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred : After t 1 (Natural s effer dea. 5 Pending investigation 1 Yes 2 No NA NA 2 Accident NA 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide o the Hospital ithin 24 hours e o the Funeral C NA 1 Descritiging Phyalcian: To the bast of my knowledga, daath occurred at tha time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. Medicai (Check only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 9 14811 30. Name and address of person who completed ceuse of death (Item 23e) (Type, Print) Rellone Lang, Towson, Mc 21204 110/40 31. Data filed (Month, Day, Jaar) CEP 1 8 1996

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

						Cert	ilicate of	Dealli		Reg. No.			
	Physic /Medi		1. Decedent's Neme (First, Middle, Last) ETHE					1115	2. Data of Month				
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	vith th	ire	10e. Street and Number				10f. Zip Code			10g. Citizan of	Whet Country?		
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an	2 should be finance and Mental H. Is marked of raumatic avair	Be C			Wyble			- CACHINA		Barrett			
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Baltimore,	permit. Peg Department Important: If any Injury o		21. Signature of Funeral Service Lic	onnsee		22.	Nema and Addre	ess of Fecility	Congo	Funora 1	Homo D	7	
m	Department of the partment of		Gonce Funeral Howay Baltimore, Md										
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	/Medical Examiner		Immediate Cause (Finel disease or condition Breast cancer								1	10 years	
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7	page d	Ö							1	☐ Yas 25 No	1 ☐ Yes	s 2 No	
TE 1	director,	Be	25. Was cese referred to medicei axaminer?		26. Place of Death (Check only one)								
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á	f or Attendi efter death. Director: A d in by the fo	ert	28f. Location (Street an City or Town, State)										
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	To the Hospital or Attending Physipin 24 hours efter death. To the Funeral Director; After the completely filled in by the funeral	₩ W	29b. Signeture end title of certifier	and mailler ste			29c. Licens	se number		20d Data siene	ed (Month, Day,	Veer)	
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	X		30. Neme end eddress of person wh	o completed ceuse of de	eeth (Item 23	Be) (Type, P	rint)						
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27771

						Certificate o	T Death		Reg. No.		
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	a-f show	ctor	Usuel Rasidence of Dacedant 10a. Stata 10b. County Md. Baltim	nore	10c. City, Town	or Location	-			10d.	Inside City Limits
1	or 28	Director	10a. Street end Number			10f. Zip Code			10g. Citizen of V	What Country	7
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020	be incomining a nous ener death with the Meryland that Hygiene. Ital Hygiene. O other than "natural", or items 23a or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas 1 ☐ Yas 2 ☑ If Yas, Give Year or Datas:	?	13. Wes Decedent of If Yas, specify Co		pecify Yas or No- o Rican, etc.)		e - Amarican ck, White, atc. :: White	
2-0	netui	eted	15. Decedent's E (Specify only highest gr	ducation ada complated)	16a.	Decedent's Usual Occ (Giva kind of work don life. DO NOT usa reti	upation a during most of wor	king	16b. Kind of Bi	usinass/Indus	try
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bu	Mental Hygiene. arked other than stic event, the Me	To Be Co	17. Fathar's Nama (First, Middla, Last Jacob	")	Scl	hultz	18. Mother's Nam Pearl	na (First, Middla,	Maiden Sumem	Bredbe	enner
ary	end Menta ls marked aumatic ex	-	19e. Informant's Name/Ralationship	(Type, Print)	19b.	Meiling Addrass (Stre	et and Number or Ru	ral Routa Numbe	r, City or Town,	Steta, Zip Co	ode)
	Heelth e		Bruce Masland/ S	Son-in-Law		2108 Carlo	Court Fa	illston,	Md. 21	047	
ou.	ont of ot: If It y or o		20a. Method of Disposition 1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Speci		cematary	Disposition (Nama of y, crematory or other p y Valley Co		Data 9-17-96	Timon.	City or Town,	
Ra	Departmen Important: any injury once.		21. Signatura of Funaral Service Lice	nsee S		22. Name end Add Ruck 1050	lrass of Facility Towson Fur York Rd. T	neral Hor Towson,	me, Inc Md. 212	04	
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מ	he att	Physicia	Part II. Other algnificant conditions of	contributing to death t	out not rasulting in	tha underlying cause	given in Part I.	23b. Dld t	obacco use co	ntribute to th	e cause of death?
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	certificate rector, pag	Be	25. Was casa referred to medical axaminar?				26. Plece of Dee	th (Check only o	na)		
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מוויי	After funer	tlon:	27. Menne of Death 1 Natural 5 Pending 2 Accident Investigatio	28a. Deta of Inju (Month, De		ijury W	uryat ork? □Yas 2□No	28d. Describe h	ow Injury occur	red	
DIVISION OF VITA	after deeth. Director: After d in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28a. Piece of In	jury - At homa, fan ic. (Specify)	m, street, fectory, offic		281. Location (S City or Tow		er or Rural Ro	outa Number,
a Monada	within 24 hours after deeth. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edicai	29a. Cartifier (Check only one) 1 Certifying Pt 2 Medical Example 1	nysicisn: To the best miner: On the basis of and mannar st	f examination and	daath occurred et tha Vor invastigation, In my	time, data and placa, opinion, death occur	, and dua to the c rred st tha tima, c	cause(s) end ma deta and place,	nnar ss state and dua to the	d. a causa(s)
÷ c	withi To th	M	29b. Signetura and title of certifier	Carr	ell, 7	10 29c. Lica	38398	3	29d. Data signer	16/9	(, Year)
10	No		30. Nama and address of parson who BARBARA	CARROL	-L, M.]	Type, Print) 0. 615	CHEST	TUT	AVE.	TOW	SON
	Sta	te	31. Date filed (Month, Dey, Year)	32. Ragisti	rar's Signatura				/		

DHMH 16 Rev 6/95

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#17 g739 9/18/96ag perFH 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Lillie TAYLOR September 16,1996 10:43 AM /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Johns Hopkins Bayview Medical Center
5. Social Security Number 6. Sex 7. Age (In vrs. lest birthday) If Baltimore Baltimore 8. Date of Birth (Month, Dey, If Under 1 Year If Undar 24 Hrs. Hours Min. 9. Birthplece (Stata or Foraign **Funeral** Months Days Hours 1 M 2 XF Director UN KNOWN
Usuel Residence of Decedent South Carolina Pages 1 and 2 should be filed within 72 hours efter death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ns 23a or 28a-f ahor must be notified at 1 Yes 2 No Director navyland LMOR 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Herris 23a 5005 Completed by Funeral 11. Marital Stetus 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cupan, Maxicen, Puerto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. traumatic event, the Medical Examiner 1. Navar Married 2 Married 1 ☐ Yes 2 No 6 1 ☐ Yes 2 No Black 3 ☐ Widowed 4 ☐ Divorced "natural". 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4 or 5+) omestic GTH 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be If item 27 is marked o RICHARD TAYLOR 19a. Informent's Neme/Reletionship (Type, Print) ture! Route Number, City or Town, State, Zip Code) VANNARD **AU** lor sclale other 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition Dale 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State
Donation 5 Other (Specify) 20 Department of important: If any injury or once. 196 101 ansdowne M 21. Signature of Funeral Service Licenses 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or haart failure. List only one cause on useful line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final Pneumonia 5 days disaesa or condition resulting in death) Examiner Due to (or as a consequence of): 10 days nding physician and use es the bunal-tran Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in death) Last Due to (or as e consequence of): Ovarian CA Physiclan/Medical Due to (or as a consequenca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Vonknown signed by þ 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Was en autopsy performad? After this certificata 1 ☐ Yas 2 ☑ No Be 25. Wes case referred to medical 26. Place of Death (Check only one) 1☐ Yes 2☐ No Other: 4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 8 \(\text{Other} \(\text{(Specify)} \) Medical Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manger of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Invastigetion 1 Neture 1 ☐ Yes 2 ☐ No death. 2 Accident in by the Director: 3 Suicide 6 Could not be determined Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one)

the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760. within 24 hours after To the Funeral Direct

Baltimore, Maryland 21215-0020

M00 Lauren 31. Dete filed (Month, Dev. Year) State Registrar

29b. Signature and title of certifie

Bayview Medical Center MD 32. Registrar's Signeture

30. Name and address of person who completed cause of death (Itam 23e) (Type, Print)

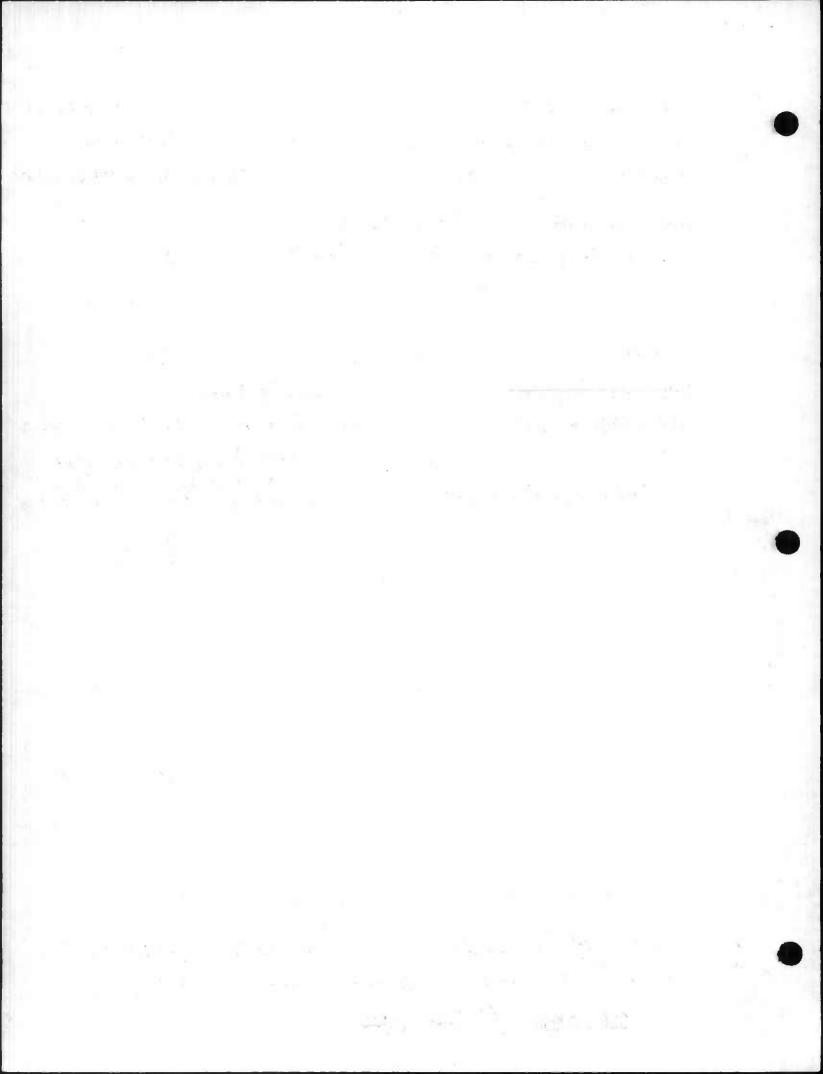
Felia Davidson

29c. Licansa number

Physician #98207

29d. Data signed (Month, Dey, Year)

September 16, 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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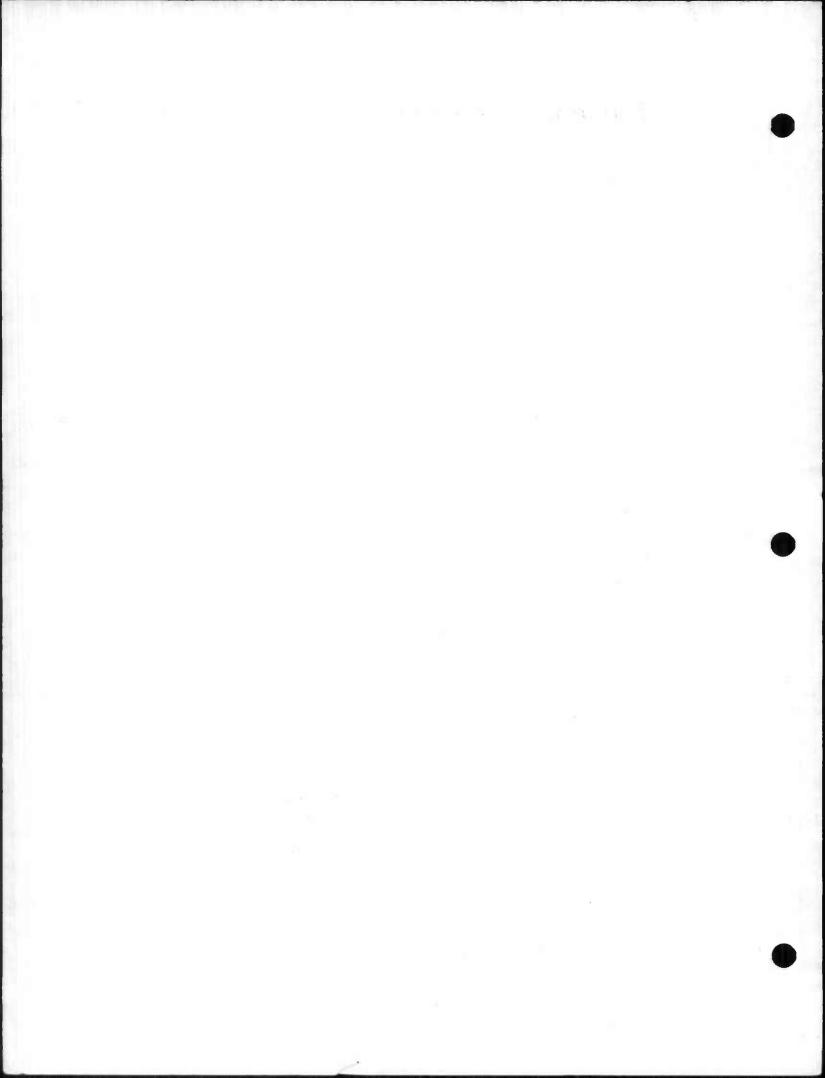
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State of Maryland /	Department	of Health an	d Mental Hygiene
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_			5. Social Security Number	6. Sex	7. Age (In yrs. le		If Under 1 Ye		If Under 2						· Familia
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State of Maryland / Department of Health and Mental Hygiene 96

10c. City, Tow BC Decedent Ever in U.S. If Forces? as 2 PNo Give as 2 PNo Give at Caused the death. Do on each line. Dua to (or as a As and bL	inthdey) If Under Yrs. Months who or Location 10f. Zig 13. Was Decedent's Usu (Give kind of we life. DO NOT of life.) b. Mailling Addres 6 0 8 of Disposition (Negery, cremetory or of life.) 22. Name en life.	er 1 Year If Units Days Ho PCC Ip Code Z Z O edent of Hispaniecity Cuben, Me 2 Days Borne of coupation work done during use retired) Borne of cother pleca) PCM Ambana daddress of Following (Comparison) Ambana daddress of Following (Comparison) PCM Ambana d	y, Town, or Loc 3 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 P. C. 8. Dete of Birth (Month, Dey, May 21, 10) Sity Yes or No- lican, etc.) (First, Middle, May 21, 10) (First, Middle, May	Day Second of Second of War Specify: 1946 14. Race Biect Specify: 16b. Kind of But Specify: 16th of Town, Second of Secon	Year 9 bot Deeth N/A 9 Birthplac Country Ma 10d. That Country Ma 10d. Shat Country M	Indian, CK Stry Ode) Le, MD 2.
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anner steted.	nd/or investigation	n, in my opinion,	, death occurred	at the time, da	te and piaca, s	ind due to the	e cause(s)
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ITEMS#24a,25,26,27,&29a g739 9/18/96ag perDr.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

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Funera Director		5. Social Security Number  8.6.  1  Usual Rasidance of Decedant	ax □ M 200 7. Age	(In yra. take birt	hday) If Under 1 Year rs. Months Days	If Undar 24 Hrs. 8	B. Data of Birth (Month Day	39 19	9. Birthpli	ace (State or Foreign
death with the Maryland rms 23a or 28a-f show rmst be notified at	Director	MARYLAND 10b. County N/A		10c. City, Town	or Location BALTIMOR	E			10	od. Inside City Limits  Yas 2□ No
ith with the 23a or 2 ust be n.		10e. Street and Number 2130 WEST V	INE STREET		10f. Zip Coda	21223	1	I Og. Citizen of V	S.A.	ry?
or the	by Funeral	11. Meritel Stetus  1 Naver Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedant Et Armed Forces? 1 Yes 2 You ff Yes, Giva Yaar or Datas:		13. Was Decedent of If Yas, specify Cut	Hispanic Origin? (Spec pen, Mexican, Puerto Ri Specify:	ify Yas or No- ican, etc.)	14. Rac Biad Specify	e - Amarica k, White, e BLA	etc.
within 72 hours ene. than *natural',	Completed	15. Decedant's Ed (Specify only highest gra- Elementery/Secondary (0-12)	ucation da complated) College (1-4or 5+	16a.	Decedant's Usual Occu (Give kind of work dons life. DO NOT use retire MACHINE OP		,	16b. Kind of Bu	siness/Ind	
ld be filed ental Hygi ked other ic avent,	To Be Co	17. Fathar's Nama (First, Middla, Last) WILLIAM HENRY				18. Mother's Nama ( EMMA SUI			10)	
Mary d2 shou th and M 7 le mar traumet	-	19a. Informant's Name/Ralationship (7 PALETHEA WILLIAMS		)	Meiling Addrass (Stree			r, City or Town, ORE, MARY		
Pages 1 ar nent of Hea int: If Hem 2 ury or other		20a. Method of Disposition  1 Deviate 2 Germation 3 Germation 5 Other (Specify	Removal from State	20b. Place of	Disposition (Nama of cramatory or other pla ZION CEMET	ace)	Data	20c. Location -	City or Tov	
Departme Departme Important any injury once.		21. Signature of Feneral Service Ucan	The C	1	1300 EUTA	THERS FUNE	LTIMORE	E.MARYLA	AND 2	1217
Physician /Medical Examiner	200	Immediata Causa (Final disasse or continued in the condition rasulting in death)	a rupt	death. Do n	d a01	ing, such as cardiac or				Approximate Interval Between Onset and Death
ficate be executed physician and the burial-transit	edical Examiner	Sequentially list conditions, if eny, feading to immediate cause. Enter Undarlying Cause (Disaasa or Injury that Initiated avants rasulting in death) Lest	c		onsequence of):					
Certifi ding	90		d							
hat the dead by the a detached for	y Physician/N	Pert ft. Other significant conditions co	ontributing to death but	not rasuiting in	tha undarlying cause gi	iven In Part f.				the cause of death?
law requires t as been signe 2 should be	Completed by						24a. Was a perior	an autopsy med?	ava	re autopsy findings illable prior to apletion of cause leath?
clan: The clan: The entificate his sector, page	0	25. Was casa raferred to medical				26. Place of Death (	1 DY		10	Yes 2□ No
yalcle s cert direct	To B	avaminar?	Hospitai:	2 XER/Out	patient 3 DOA Ot	har:			er (Specify	)
To the Hospital or Attanding Physicien: The law within 24 hours after death.  To the Funeral Director: After this certificate has compliately filled in by the funeral director, page 2	Certification: 7	27. Mennar of Death  1 1 Natural 5 Panding investigation	28a. Data of Injury (Month, Day	28b. T	ma of 28c. fnju			ow injury occur		
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer		3 Sulcide 6 Could not be 4 Homloida datermined	building, atc.	(Specify)	m, street, factory, office		City or Tow	n, State)		Route Number,
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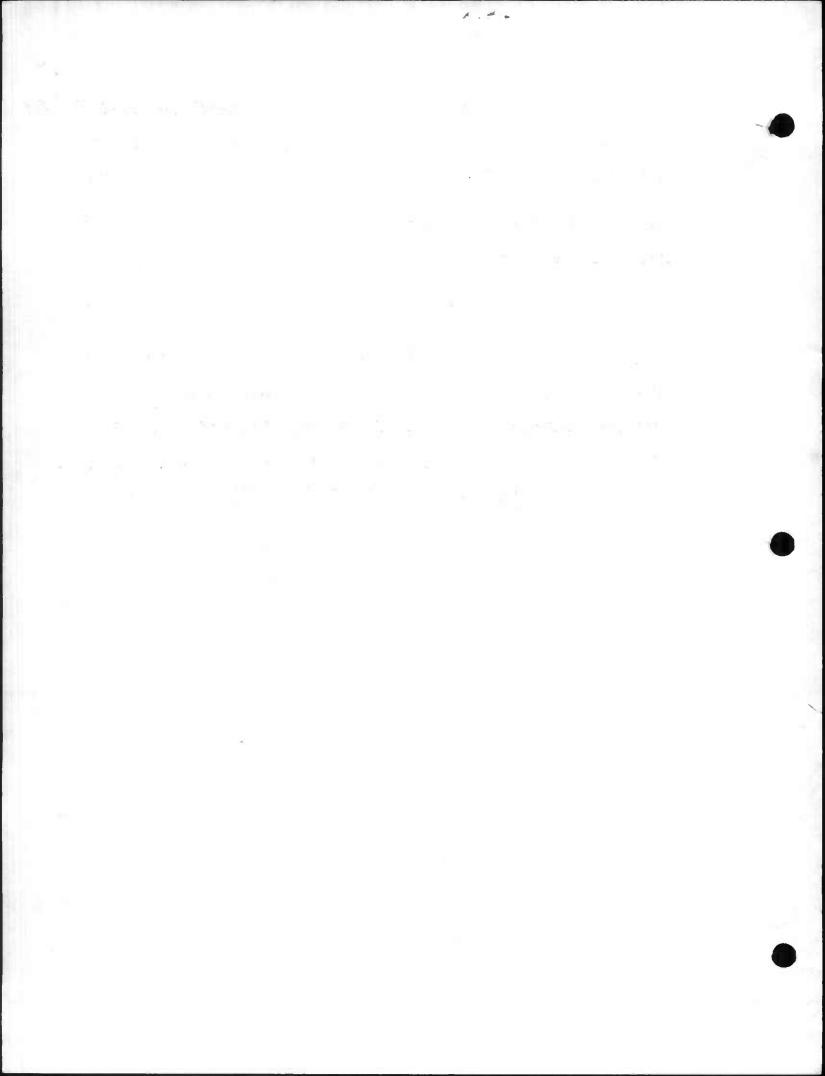
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Funeral Director	Г	5.			Age (In yrs.	last birthday) Yrs.	If Under 1 Ye Months Dey	ar If Under 24 Hi	rs. 8. Date of B		9. Birthplace (State or Forei Country) Maryland
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r 28a-f show	Director		MD. N/A		Ba	ltimor	1				1□Yea 2ÅN
ms 23s or 28s-f show	i Dir	1	0e. Street and Number 500 Gibson Rd				10f. Zip Code 2 1 2 2			10g. Citizen of U	What Country?
or Items 2	Funeral	1	Marital Status     Never Merried 2  Marrie	12. Was Decede Armed Force	ent Ever In U	If		of Hispanic Origin? ( uben, Mexican, Pue	(Specify Yes or Nerto Rican, etc.)	o- 14. Rad Bla	ce - American Indien, ck, White, etc.
o"leg	by		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Date		1	☐ Yes 2 🖾 N	lo Specify:		Specif	y: White
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Department of Important: If any injury or once.		2	1. Signature of Funeral Service Lie					dress of Facility g Ashtor			
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DHMH 16 Rav 6/95

				State of Maryla		artment of F tificate of			giene 9	6 27778	
	Dhunia		1. Decedant's Name (First, Middle, Last)					2. Deta of De Month		3. Tima of Death	
J	Physic: /Medi		ELLSWORTH	WATTS				SEPT	14	1996 300 PM	_
J	Exami	ner	4e. Fecility Neme (If not institution, give a			4	4b. City, Town, or I				
Н		-	MERCY HOSPI 5. Social Security Number 6. Sec		lest birthdey)	If Under 1 Year	BALTIMO If Under 24 Hrs.			. CITY	30
	Funeral Director			M 2□ F 67	Yrs.	Months Days	Hours Min.	(Month, Da 4/17/2	v, Year)	Birthplaca (State or Foreign Country)     MD.	je s
	9 .		Usual Residence of Decedent	10.0				1,72,70			
	lanylar show	-	MD. BALTO. C		ity, Town or Lo					10d. Inside City Limit	
	the Maryla 28a-f shor nourfact at	Director	10e. Street and Number	111	BALTIMO	10f. Zip Code			10g. Citizen of V		
	death with the Maryland ms 23a or 28a-f show		1853 N. COLLINGTO	N AVF.		212	13		USA		
	Herr deat	Funeral		12. Was Decedent Ever in U Armed Forces?	J,S. 13. V	Vas Dacedant of H		pecify Yes or No	- 14. Rec	ee - American Indian, ck, White, etc.	
20	g 9	by Fu	1 Nevar Married 2 Married	1∰Yes 2□No 5/	51 .	Yas 2⊞ No	Specify:	o rinoari, oro.)	Specify		
21215-0020	72 hours "natural",		3 即 Widowed 4 □ Divorced  15. Decedant's Educ	Yaar or Datas: 5/	53	lant's Usuai Occup	otion			usinass/Industry	
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21	d within giene. er than	Com	12	College (1-4or 5+)	STEEL	WORKER			BETHLE	HEM STEEL	
pug	tal ty doth event	Be	17. Father's Nama (First, Middle, Last)				18. Mothar's Nar	ne (First, Middle,	Maidan Suman	na)	
Maryland	s 1 and 2 should be filed v f Health and Mental Hygie ftam 27 is marked other t other traumatic event, tr	2	JAMES WATTS  19a. Informant's Name/Relationship (Ty)	no Print	10h Mallia	g Addrass (Street	MABE			Chata Tie Carda)	
	nd 2 shoulth and 27 is me		KIM MOORE DAUGH			N. COLLI					
ore,	of Hee Itam othe		20a. Mathod of Disposition	20b.	Piace of Dispo	sition (Nama of natory or other pled		Data		City or Town, State	
im	Page ment ant: If ury or		1 ☐Burial 2 ☐ Cramation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	amoval from Stata	-		9/19/96		OWINGS	MILLS, MD.	
Baltimore,	permit. Pages 1 and 2. Department of Health as Important: If Itam 27 is any injury or other trausines.		21. Signetura of Funeral Service License	10	22	Name and Addres	ss of Facility				
_	40 E 4 0		(sal U	Ostesl		1300 FUT	AW PI RA	ALTO MD	2121		
			23a. Pert1. Enter the disease, or complishock, or heart teilure. List only on	cations thet cannot the das a cause on a can lina.	th. Do not ente	ar the moda of dyin	g, such as cardiad	or respiratory a	rrast,	Approximata Intarval Between Onsat and Death	
	Physician /Medical		Immedieta Causa (Final	gastron	· Such as	1 13	eding			~2 wks.	
	Examiner		diseasa or condition rasulting in death)		or as a conseq					WE WES.	
	D ==	ner		Erosiz		soplage	His			unkneren	,
	be axecuted ician and burial-transit	Examiner	Sequentially list conditions,	Dua to (	or as a conseq						
8760,	ata be axecuted hysician and the burial-transit	E E	if any, leading to immediata cause. Enter Underlying Cause (Disassa or Injury that infliated events								
9	ficata p phys	edical	rasulting In death) Last	Dua to (	or es a consaq	uence of):					
Box	eath certifica attending pl	an/M	d								_
). B	that the death ed by the atter detached for u	Physician/Me	Part II. Other significant conditions con	tributing to death but not re-	sulting In the ur	ndarlying causa giv	en in Part I.	23b. Dld	tobacco use co	ntribute to the cause of death	1?
P.O.			Demantic	CVA	Sar	nal D	ecube he	10	Yes 2 No	3 Probably 4 Unknow	wn
Records,	× 5.8	d by						2-23100022	an autopsy	24b. Wera autopsy tindings	
COL	v requ	Completed	Vicer					perfo	rmed?	available prior to completion of cause	
	ician: The law certificate has b rector, page 2 s	ошо						10	ras MINO	of death?	
ita	an: T rificat stor, p	BeC	25. Was case referred to medical				26. Place of Dea			MARIS AT MERC	CY
of Vital	Physician: this certific	10	examinar?	ospital: 1 ☐ Inpatiant 2 ☐	] ER/Outpatien	t 3 DOA Oth	er: 4 Nursing H	loma 5 Resid	dance 6 10th	er (Specify) HOSPICE	
o u	After the		27. Mannar of Death 1 S Netural 5 □ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Injun Wor		28d. Describe i	now Injury occur	red	
Division	i or Attending after death. Director: After i in by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be	28a. Placa of Injury - At h	ome term etc		Yas 2□No	28f Location /	Street and Numb	per or Rural Routa Number.	
Div	after A Direct	ertil	4 ☐ Homicide determined	building, atc. (Speci	fy)	sat, tactory, omca		City or Tov		or Aural Audia Maliber,	
4	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical C	29e. Cartifiar (Check only one)  Certifying Phys	Iclan: To the best of my known:  On the basis of examinating and mannar stated.	owladga, daath ation and/or inv	occurred at the tin astigation, in my o	ne, data and piace pinion, daath occu	, and dua to tha rred at tha tima,	causa(s) and ma data and place,	anner as stated. and due to the cause(s)	
-	To the Ho within 24 To the Fu	W.	29b. Signeture end titia of certifiar			29c. Licens	e number			d (Month, Day, Year)	-
			27.0	Jamon	<del></del>	D	40480		Sent	16, 1996	
	5	ŀ	30. Nama and address of person who col	mpleted causa of death (Ital	m 23a) (Type, I	Print) 5810	BELA	IN ME	5		
			FERNANDO V.	FERRO M	0	342	50. A	10 21	206		
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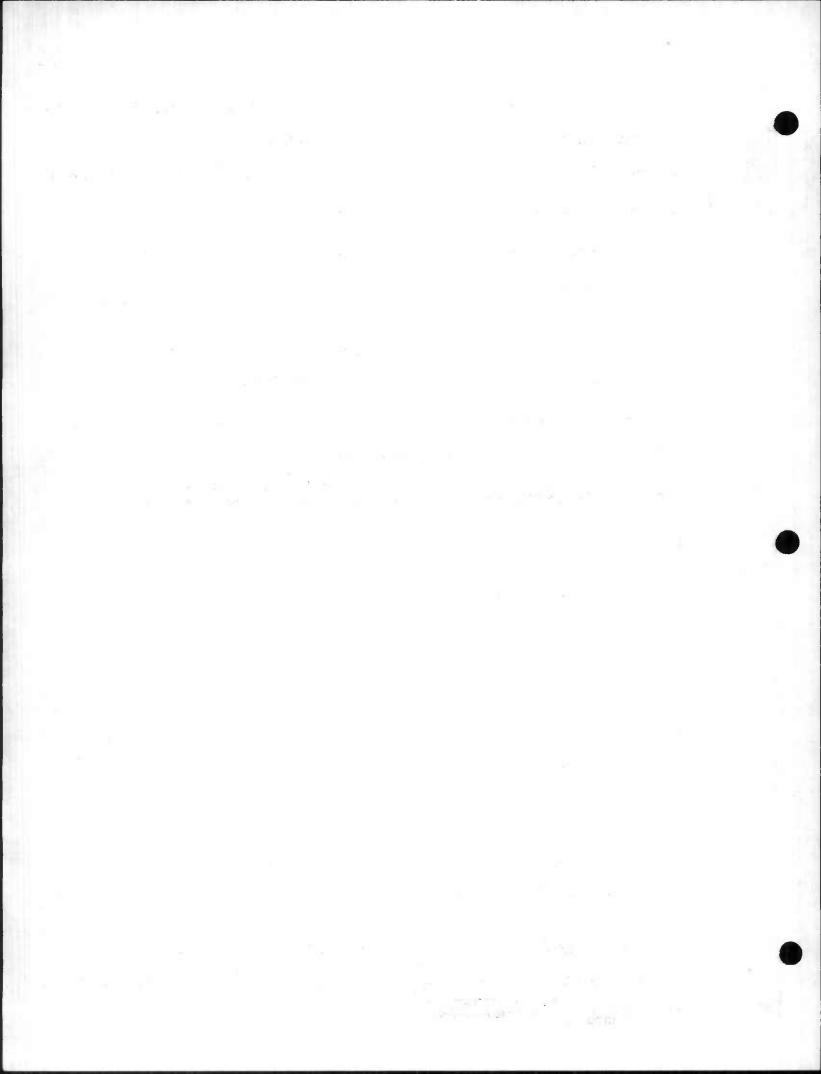


State of Maryland / Department of Health and Mental Hygiene oc

	Physic		Decedent's Name (First, Middla, Last     Stanley	witkus					2. Date of Daath Month Septembe	Day	Yeer 1996	3. Time of Deeth 12:30 P
	/Medi Exami		4a. Fecility Name (If not institution, give					4b. City, Town, or L		_	y of Deeth	12.30 F
	Bearing.		812 South Woodlyn					Essex			timor	
	Funerai Director		5. Sociel Security Number 6. S 212–20–5696  Usuel Residence of Decedent	ex M 2□F	e (In yrs. lest bi		Indar 1 Yaar nths Days	Hours Min.	8. Date of Birth (Month, Day, Oct. 10,	Yaar) 1922	9. Birthpie Counts Penns	eca (Steta or Foraign ry) ylvania
	Maryland H show	tor	10a. Stete 10b. County Maryland Baltimor	re	10c. City, Tov		Essex				10	d. Inside City Limits
	h with the	Funeral Director	10e. Street end Number 812 South Woodlyn	n Road		10	f. Zip Code 21221		10	g. Citizen of		ry?
020	I and 2 should be filed within 72 hours efter death with the Maryland Health and Mentel Hygiene. Itenith and Mentel Hygiene. Itenity is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Wedrzel Examiner must be routled.	by	11. Maritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorcad	12. Was Decedent I Armed Forcas? 1 ∰ Yes 2 ☐ N If Yes, Giva Yeer or Detes:			Decadent of H specify Cubo	lispenic Origin? (Sp en, Maxican, Puerto Spacify:	pecify Yes or No- Pican, etc.)	Ble	ca - Amarica ock, White, e	tc.
21215-0020	within 72 ho ene. than "natur te Wed call	Completed	15. Decadant's Ed (Specify only highast gre Elamantary/Secondary (0-12)		(Give kind e life. DO N	s Usuel Occupation of work dona during most of working NOT use retired) k Layer			6b. Kind of B		ustry	
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	and 2 sho lealth and I in 27 is me her traume	ľ	19a. Informent's Neme/Relationship (7 Phyllis Witkus	ype, Print) (WIFE)				end Number or Rui				Coda)
0	Pages 1 and next of Health int: If flam 27 ary or other to		20e. Method of Disposition 1 XBurial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify		cemete		(Nama of or other pleasemeter)			Oc. Location  Baltim		m, Stete
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	/Medical Examiner	e.	Immediate Ceusa (Final disaase or condition resulting in deeth)	Θ.	Due to (or es a			TATE CO	ence		6	ZYRS
,	executed n end iel-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	b	Due to (or as a	consequence	o of):					Territor
	certificate be executed iding physician end ise es the buriel-transit	Medical	Cause (Diseasa or injury that initieted events rasulting in deeth) Lest	d	Due to (or es a	consequence	ı of):					
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ion of	To the Heapital or Attending Physician: The I with 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		27. Manner of Deeth  1 X Natural 5 Panding 2 Accident investigation	28a. Date of Injur (Month, Day		Time of Injury	28c. Injur Wor		28d. Describe how			
Divis			3 Suicide 6 Could not be 4 Homicide datermined	28a. Placa of Injubulding, atc	arm, street, fa	, street, factory, office  28f. Location (Street and Number or Rural Route Number or Town, State)					Route Number,	
	ing Hospital of 24 hours a the Funeral Dipletely filled in	ledical Certification:	29a. Cartifiar (Check only one)  1 Certifying Phy 2 Medical Exam	alcian: To the best of Iner: On the basis of end menner ste	f my knowledge examinetion an ted.	a, daath occu nd/or investig	rrad et the tin etlon, in my o	ne, data and place, pinion, daath occur	and due to tha cau red et the time, dat	usa(s) and m ta end plece,	annar as sta end dua to t	ted. he causa(s)
h	With Com	Σ	29b. Signeture and title of certifler	4			29c. Licens		29	d. Data signe	ed (Month, D	ey, Yeer)
63	1		m. Furtel	/			0197			9/1	7/98	
	10		30. Nema and address of parson who of MILHARL RIRE II	omplated causa of de	eth (Item 23a)	(Type, Print) 940	EASTER	N AVE	BALTIN	rok N	1d 2	1224

Registrar

State



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) (ABBOTT) 2. Dete of Deeth 3. Time of Death Month **Physician** September FLORENCE Abbott W. 1119 1996 /Medical 4b. City, Town, or Location of Death 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO if Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociei Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpiece (Steta or Foreign Country) Hours 1 ☐ M 2 🗮 F 67 Yrs Director 220-26-3805 Jan. 1, 1929 Maryland Usuei Residence of Decedent 10e. Stete permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene.
Important: if item 27 is merked other than natural; or item 23a or 28a-f show any Injury or other traumatic event, it is Man as itemating must be notified as my Injury or other traumatic event, it is Man as itemating must be notified as 10b. County 10c, City. Town or Location 10d. Inside City Limits Deal Island 1 Yes 2 No Director Maryland Somerset 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23429 Osburn Webster Road 21821 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Raca - American Indien, Bleck. White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 Widowed 4 □ Divorced Completed Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Seafood Shipper Co-owner 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Carroll Walters Alice Twigg 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21821 19e. Informent's Neme/Reletionship (Type, Print) 23429 Osburn Webster Rd.-P.O.Box 175-Deal Island, MD Janice Abbott (daughter) 20b. Plece of Disposition (Name of cametery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 M Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete St. Johns Cemetery 9/6/96 4 ☐ Donetion 5 ☐ Other (Specify) Deal Island, MD 21. Signeture Funeral Service Licensee Bradshaw & Sons Funeral Home 306 W. Main St. - Crisfield, MD Robert H. Bradshaw 21817 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilura. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** AS CNL /Medical Immediate Cause (Final disease or condition resulting in death) YRS, Examiner Due to (or es a consequence of): Examiner sician and burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury thei nitieled events resulting in deeth) Lest Due to (or es a consequence of): physician s the burial Box 68760. Physician/Medical Due to (or es e consequenca of): 88 attending 950 ò signed by the a Division of Vital Records, P.O. Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probebly 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peen page 2 has 1 ☐ Yes 2 No certificate 1 ☐ Yes 2 No To the Mospital or Attending Physician: within 24 hours after death.

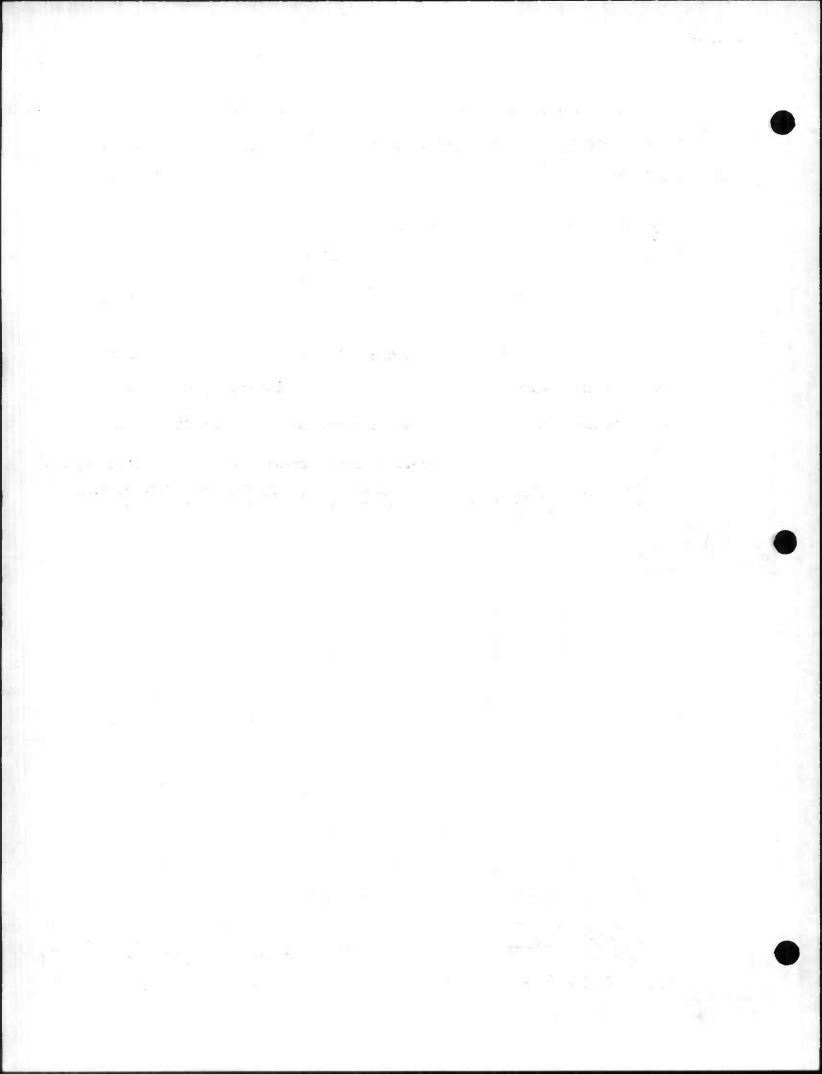
To the Funeral Director; After this certifics completely filled in by the funeral director; I 25. Wes case referred to medical examiner? Be 28. Plece of Death (Check only one) Hospitel: 1 Unpatient 2 ER/Outpetlent 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: 1 Netural 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 ☐ Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and pieca, and due to the ceuse(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) NO 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Salisbury, 201 Pine Bluff 12d. Ste.25 Vicholas

**DHMH 16 Rev 6/95** 

State Registrar 31. Dete filed (Month, Dey, Year) SEP 0 9 1996

32. Register's Signeture

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22. Name and Address of Facility Howard K. McComas III Funeral Home, P.A.  23a. Part. Enter the devalue, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.    Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part	- T		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation	3 Ramoval from	Stata	Place of Dispos cematary, cran	sition (Nama of natory or other pla	ca)	Data	20c. Location -	City or Town, Stata	
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Part II Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.    Part II Other eignificant conditions contribute to the cause of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of t	an end		Sequantially list conditions, if any, laeding to immadiata cause. Enter Undarlying	b	Dua to (	or as a consequ	uence of):					
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24a. Was an autopsy performed?  24b. Wara autopsy available pro completion of death?  1	th och	hysicia	Part II Other eignificant conditio	na contributing to d		/	/	5			1	death
25. Was casa refarred to medical axeminar?    Yes   25   No	be d	ò	It there sold	instic	Cand	10006	eulac	Viseu	24a. Was	s an autopsy	24b. Wara autopsy fin	ndings
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	• Funeral		(Check only 2 Medical E	xaminer: On the ba	asis of axamina	owledga, daath ation end/or inva	occurred at tha tig astigation, in my c	ma, date and pla opinion, death or	ace, and due to the courred at tha time,	causa(s) and ma data and placa,	onner ss stated. snd due to tha causa(s)	
	within To the comp		29b. Signature fundritte of contints	Le					7	29d. Data signad	d (Month, Day, Year)	71
Nama end addrass of person who complated causa of daath (Item 23e) (Type, Print)  EXEL Cover (308 Euriver Center W. Edge wood)	4		Nama end addrass of person v	vho complated caus	sa of death (Iter	m 23e) (Type, F	Print)	d	6 111	E	en 1 188	6

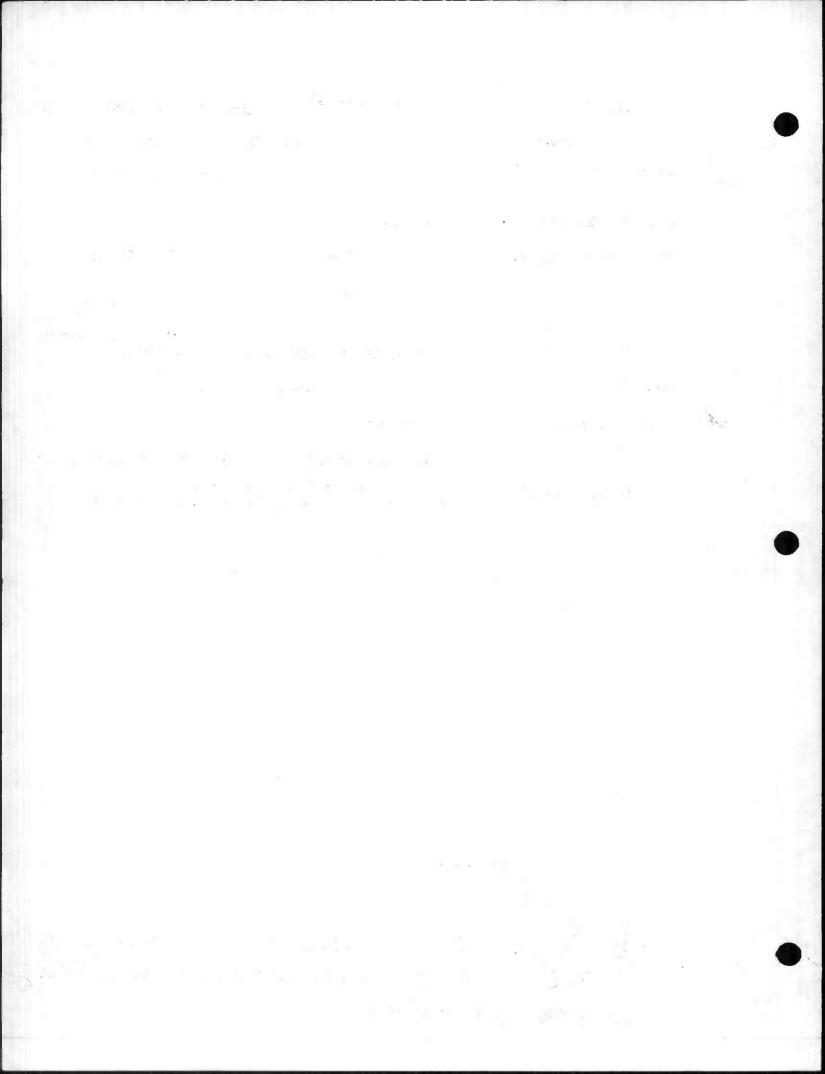


State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of	Death	1		Reg. No.		
Physi /Med		1. Decedent's Name (First, Middle, L			APPLE	BAU	M		2. Date of D Month SEPTE	. Day	1996	3. Time of Death / 3/5
Exam		4a. Facility Neme (If not institution, g Suburban Hosp		)			Bet	hesda	cation of Dea		y of Death tgome	ry
Funera Directo	_		Sex 7. A 1 M 2 F F	ge (in yrs. last b	Yrs. If Un Month	der 1 Year is Days	If Under Hours	r 24 Hrs. Min.	8. Date of B (Month, D Jan.	on, 1910	9. Birthp Cour New	elace (State or Foreig http:/ York
with the Maryland a or 28a-f show	ector	10a. State 10b. County  Maryland Montgo  10e. Street end Number	omery ·		vn or Location nesda	Zip Code				40- 011		0d. Inside City Limits 1 ☐ Yas 2 ☑ No
death rms 23	Funeral Director	4925 Battery lar	ne, #705	Ever in U,S.	13. Was De	20814 cedent of H	ispanic Or	rigin? (Spe	ecify Yes or N	United		es en Indien,
	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 Tas 2 XI If Yes, Give Year or Detes:	No	1 □ Yes	2 <b>)(</b> No	Specify			Speci	W.	ite
121	Completed	15. Decadent's E (Specify only highest gi Elamantary/Secondary (0-12)	Education rade completed) College (1-4or	5+)	a. Decadent's U (Give kind of life. DO NOT	work done o use retired	during mos i)			Natior Of Hea	nal Ir	ostry Istitutes
and be file htal Hy of othe event	To Be Co	17. Father's Name (First, Middle, Las Karl Greenberg	()	Adi	111111361	ative	18. Moth		(First, Middle	e, Maidan Suma		77.
C 0 2 2 6		19a. Informant's Name/Relationship Albert Applebau		19	b. Malling Address					ber, City or Town	, State, Zip	Code)
95=9		20a. Method of Disposition  1 □ Burial 2 ▼ Cremation 3 ( 4 □ Donation 5 □ Other (Space	☐Removal from Stata		of Disposition (form), crematory of peake C	lame of r other plac		9.	Date - 6-96	20c. Location Beltsvi	+ 6	wn, State Maryland
Baltin permit. Pa Depertment Important: any Injury		21. Signature of Funeral Servica Lice	onsee / R		22. Name Rapp	and Addres	ss of Facili	rvic	es, P.			
Physiciar /Medica Examine		23a. Part1. Enter the diseasa, or cor shock, or heart fellure. List only Immediate Cause (Final disease or condition rasulting In death)		Due to (or as a CARD)	sic S	Hoc	K			arrest,	+	Approximate Interval Batwaan Onset end Death
ox 68/60, cartificate be executed nding physician and use es the buriel-transit	n/Medicai Examiner	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated evants resulting in death) Last	c. CORO		consequence of	ER			ASE.			
s, F.O. Bo es that the death of igned by the atten- be detached for u	Physician	Part fl. Other eignificant conditione	contributing to death b		In the undariying	-				i tobacco uee co Yee 2□ No		the cause of death
aw requir	Completed by	CUNG DISE	ASE	)					24a. Wa	s an autopsy formed?	co	ara autopsy findings alleble prior to mpletion of cause death?
VITAL HI	Be Com	25. Was case referred to medical					26. Place	e of Death	1 [Chack only	Yes 24 No	10	Yes 2 No
the fact	1º	examiner? 1 Yes 22 No  27. Manner of Death 1 Natural 5 Pending	Hospital: 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpetion 1. Inpet	ıry 28b.	Time of Injury	28c. Injun Worl	er: 4□ Nu ⁄at ⟨?	ursing Hon	ne 5□Res	how injury occu		")
DIVISION To Attending after deeth. Director: After din by the fune	Certification:	2 ☐ Accident investigatio 3 ☐ Suicide 6 ☐ Could not to 4 ☐ Homicida	28e. Pleca of In	ury - At home, foc. (Specify)	arm, street, fact		Yes 2□		28f. Location City or To	(Street and Num. own, Stata)	ber or Rura	I Route Number,
DIVISION To the Hospital or Attending I within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer	edical C	29a. Cartifier (Check only one) Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifying Plant Certifyi	hysician: To the best miner: On the basis o and menner st	f examination ar	a, daath occurre nd/or investigation	d at the tim on, in my op	na, data an pinlon, daa	nd place, a ath occurre	and due to the ed at the time	cause(s) and m , data and piece,	annar as st and due to	ated. the cause(s)
To the Within To the Comp	W	29b. Signature and title at confier	Jus, n	10	2	9c. License	657	7-1		29d. Dete signe SEPTEM	BER	Dey, Year) 5, 1996
10		(KAINO- WI	completed cause of o	D 4	(Type, Print)	D£	LR	MY	AVE	BETH	HESD;	5, 1996 4, MD 208,
Si Regis	ate trar	31. Date filed (Month, Day, Year)  SFP 0 6 19	J 4.	ar's Signature	Pandette.							

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	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DI	EPARTMENT O	F HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)		0 1		2. DATE OF DEATH MONTH . DA		3. TIME OF DEATH
	Marauerite  4. SOCIAL SECURITY NUMBER 5. SEX	<u> </u>	Ander		September	3 1996	1045 A M
				EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 16,	Country	LACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and		9b. CITY, TO	OWN OR LOCATION OF DE		0c. COUNTY OF DE	
0 R	SHADY GROVE ADVE	ENTIST HOSPI	TAL RO	OCKVILLE		MONTO	SOMERY
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY	1	IOc. CITY, TOWN OR L	LOCATION			10d. INSIDE CITY
	MD. MONTG	OMERY	GAIT	THERSBURG	-		LIMITS?
3AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WI	HAT COUNTRY?
FUNERAL		AVE. #711		2087		U.S.	
	1 Never Married 2 Married FOR	AS DECEDENT EVER IN U.S. ARMEDINGES? 1 YES 2 NO	D 13. WAS	S OECENDENT OF HISPAN 18, specify Cuben, Mexica YES 2 NO Specify	NC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	Black,	- American Indian, White, etc.
BY	3 ₩ Widowed 4 □ Divorced	YES, GIVE WAR OR OATES	1 0	YES 2 NO Specify	y:	Specify	WHITE
150	15. DECEDENT'S EDUCATION (Specify only highest grade completed	ed) (Give i	DENT'S USUAL OCCU	IPATION ng most of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED		ge (1-4 or 5+)	NOT use retired.) HOUSEWIE	710		HOME	
NO.	17. FATHER'S NAME (First, Middle, Last)	2 1	TOOSEMIL		ME (First, Middle, Melden S	HOME	
BE C	ELMER E. THO	OMPSON		COR		NEWELL	
10 B	19e. INFORMANT'S NAME (Type/Print)	19b. M	IAILING AODRESS (St	treet and Number or Rural I			
-	NEWELL R. ANDE		5 ENID	CT., P	OTOMAC, N	4D. 2085	4
	20e. METHOD OF DISPOSITION  1 General Disposition Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Community Commun		DATE OF DISPOSITIO fory or other plece)			CATION — City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ICHAMBE	ERS CREM	MATORY ME AND ADDRESS OF FA	CILITY	CVERDALE	-
	+ 21/ Al Chan	berett no	2007 57	1.7	SILV	ER SPRI	
	23. PART i. Enter the diseases, or complica	ations that caused the deeth	DO not enter the	W. CHAMB	ERS CO. 1	LNC .	20910
	shock, or heart fellure. Liet only	ly one cause on each line.		or dying, add	. as cardiac of respir	atory arrest,	Approximata interval Between Onset and Death
		small bol	1101 0	bstouct	100		1/1/2/
		OUE TO (OR AS A CONSEQUE	INCE OF):	0011101	100		1000
NO N	Sequentielly liet conditions,	DUE TO (OR AS A CONSEQUE	NCE OF:				
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING						
E	CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUE	NCE OF):				
CER	d						
	PART ii. Other algnificant conditions contril	ibuting to deeth but not reeu	ulting in the under	rlying cause given in			VERE AUTOPSY FINDINGS
MEDICAL	ASHD, CHI				PERFORE  1 TYES 2	140	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E E					_ '	,	TYES 2 XHO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL		YES NO	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	1 🗆		
Sic	EXAMINER?	PITAL: patient 2 ER/Outpatient 3   f	OTHER:				
H			8b. TIME OF 28c	Home 5 Residence	8 U Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ	1 Nstural 5 Pending 2 Accident Investigation	(MURIT, Day, real)	INJURY M 1	WORK?			
8	3 Suicide 8 Could not be 4 Homicide determined	Be. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory,	office	281. LOCATION (Street at City or Town, State)	nd Number or Rural Ro	ute Number,
<u></u>	An agreement has						
COMPL	(Check only one)  2 MEDICAL EXAMINER: On the	the best of my knowledge, death of the best of examination and/or invested	occurred at the time,	data and place, and due	to the cause(a) end many	ner as stated.	
S	296. SIGNATURE AND TITLE OF CHARGES	^	- white	29c, LICENSE NUM			
8	-aus C	Mosso	mo	072	31	29d. DATE SIGNED (A	Nonth, Day, Year) 1637 3 1994
12	30, NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH STEEL OF	1117	0 101	- 1	St 171011	1001 3 1194

12 31. DATE FILEO (Month, Day, 16er)
SEP 0 6 1996 HIGHSTRAR SSIGNATURE Pandall

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an area of the flowers after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF I	MAKYLANU C	ERTIF					MENTAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	ANNA	R. BO	UNDS					2. DATE 0 MONTH Septe				3. TIME OF DEATH 6:40 A
	4. SOCIAL SECURITY NUMBER 213-16-7047	5. SEX	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN	7. DATE OF	F BIRTH Day, Year)		8. BIRTHP Country	LACE (State or Foreign
NC N	9a. FACILITY NAME (If not institution, give 27860 Oriole I		e)		9b. CITY		nces	ON OF DE	EATH	10,1	9c. COU	OMETS	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT							5 741					
DIRECTOR	Maryland Son	nerset		10c. CIT	Y, TOWN (		nces	s An	ne			1	10d. INSIDE CITY LIMITS? 1 - YES 2 NO
FUNERAL	27860 Oriole I	Road				101.	ZIP CODE	1853				USA	IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO		If yes, spe	ENDENT O	n, Maxicai	IIC ORIGIN? n, Puerto Ric	(Specify Yes	or No-	14. RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) Grade 7	UCATION e completed) Cotlege (1-4 or 5	(S	ECEDENT'S Give kind of e. Do NOT u	work done	CCUPATIO	IN st of workin	g		t Hom		DUSTRY	
OME	17. FATHER'S NAME (First, Middle, Last)			-			18. MOTH	ER'S NAI	ME (First, Mic	ddle, Maiden	Sumame)	_	
BE (	Francis Dill  19a. INFORMANT'S NAME (Type/Print)	.ey							ie Mo				
٩	Ruby Bounds (day		11						- Pri				21853
	20a, METHOD OF DISPOSITION  1	noval from State	20b. PLACE cometery, cr	emajory or o	of Dispos ther place)	eme to	me of	9,	/5/96			City or Tow	n, Stata ne, MD
	Robert H. Bra	Bund	Ceru		E	Brad:		& S	ons F	unera	1 Hor	me	
$\neg$	23. PART I. Enter the diseases, or	complications the	t caused the d	eath. Do r	not enter	the mod	de of dyi	ng, such	h aa cardis	c or respi	ratory an	rest.	21817
ŀ	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cau	Elzhau	e.									Interval Batween Onset and Death
	readiting in death)	DUE TO	(OR AS A CONSE	OUENCE O	F):	, -0 -	7						7 912
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	CAUSE, (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other aignificant condition	na contributing to	death but not	re sulting	In the un	declulac		luna la f	Daniel La			Laure	
PHYSICIAN: MEDICAL	PERFORMED? AMAIL COMM										VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
N: M	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	ATH YE	S 🗆 I	10 D	UNC	ERTAIN	<b>1</b>			1	☐ YES 2 ☐ NO
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEA	OTHER		. /						
HYS	1 YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 I	INJURY	28b. TIM	E OF	ang Home		sidenca (	8 Other (S	Specify)	NUMBY OC	CURED	
ВУР	1 Naturel 5 Pending 2 Accident Investigation	(Month, D		INJ	M	1 🗌 Y	RK? ES 2	NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At he atc. (Specify)	ome, rarm, :	RTHAT, TACT	огу, опіса			City or	ION (Street a Town, State)	and Number	or Rural Ro	ile Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN	ER: On the best of ex											ind manner as stated.
8	29b. SIGNATURE AND TITLE OF CENTILE	me	Ms				29c. LICE	NSE NUM	219		29d. DAT	E SIGNED (A	Aonth, Day, Year)
2	Charles D.	completed caus Stegman,				n Ro	ad -	Pri	ncess	Anne	Mr.	218	153
	31. SEP-U-6"-1996 A		R. MONTHE						-1	711116	. 9 4110	- 510	

State of Maryland / Department of Health and Mental Hygiene

27785 Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Deeth 3. Time of Death **Physician** Month Day Aug 30 1996 Howard 10:40 am /Medicai Birchfield 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Arundel if Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 11☑ M 2□ F Months Days Hours Yrs. Director 219-32-3962 03-16-36 W. Virginia Usual Residence of Decedent 10a Stete 10h County 10c. City, Town or Location a or 28a-f show be nufffed at 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Queen Anne Chester 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Examiner name to 502 Skipper Court 21619 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. filed within 72 hours efter 1 Yes X No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 naturel', or 1 ☐ Yes 2 No Specify: Completed by Specify: 3 Widowed 4 Divorced White The Medical 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry lith and Mentel Hygiene. 27 is marked other than "r r traumatic event, me Med Elementery/Secondary (0-12) College (1-4or 5+) 11 Owner/Operator Roofing Co. Baltimore, Maryland 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Sumeme) Be 2 should be fi Pages 1 end 2 should Birchfield Mildred Howard Harrison Canada 19a. Informent'a Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Depertment of Health a Important: If Item 27 Is any Injury or other tra Blanche Birchfield. wife 502 Skipper Court Chester, MD 21619 20e. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☑Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Birchfield Cemetery 9/3 Lester, W. Virginia 21. Signature Service Licensee 22. Name end Address of Facility Barranco & Sons Funeral Home 495 Ritchie Hwy Severna Park, MD. 21146 11. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, ock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final neumonia disease or condition resulting in deeth) Examiner Due to (or as e consequence of): Cancel ong The lew requires that the death certificete be executed buniel-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or a a consequence of): P.O. Box 68760, Physician/Medicai the Due to (or es a consequence of): **USB 8S** Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate hes been signed by page 2 should be detec 3 Probably 4 □ Unknown 1 Yes 2 No of Vital Records, by 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed 24a. Wes an eutopsy performed? certificate hes 1 Yes 2 No 1 Yes Physician: Be 25. Wes case referred to medical 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Nnpatient 2 ER/Outpatient 3 DOA this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. injury et Work? After Division or Attending 5 Pending Investigation 1 Naturel d Director: A 1 Tyes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled in Medical 29a. Certifler 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) end manner as steted.
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end manner steted. (Check only one) 29b. Signeture and The of certifier 29c. License number 29d. Date signed (Month, Dey, Year) SIDER! M.D 30. Name and address of person who completed cause of deeth (Item(23a) (Type, Print) Bertgate Rosa, Annapolis, MD 21401 M.D 32. Registrar's Signeture 31. Date filed (Month, Dey, Year) State Registrar

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			4. Deceded to New	- /5' 14'-4' 1	licas .		Cei	TITICAL	e or	Death	(		Reg. No.				_
п	Physic	an	Decedent's Nem		,							2. Dete of Dee Month	eth Dey	Yee		3. Time of Deeth	
	/Medi				. Blakeley			_				Sept.	04	1996		3 AM	
	Exami	ner			ve street and number							cation of Deeth	4c. Co	unty of De	eath		
					pital of Co						lktor			Ced			
ı	Funeral Director		5. Sociel Security N 220-34-6		Sex 7. A 1⊠ M 2□ F	ge (In yrs. lest 85	birthday) Yrs.	If Under Months	1 Yeer Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey 01-08-	1911	9. E	Birthplec Country)	(State or Foreign	1
	p ,		Usuel Residenca of			T											
	Manylar fehow	JO.	10a. Stete MD	10b. County Har	ford	10c. City, T			de	Grac	Α.					Inside City Limits 1 ☐ Yes 2 🔀 No	
	the 288	lec!	10e. Street end Nur					10f. Zip		Orac			10g. Citizer	of What	Country	2	
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ital	ian: Th rtificate stor, pag	36 (	25. Wss case refer	red to medical						26. Place	of Deeth	(Check only or	ne)				-

To the Hospital or Attending Physici within 24 hours after death.

To the Funeral Director: After this ce completely filled in by the funeral directors. Division of V

Medical Certification: To

1 Yes 2 No

27. Menner of Deeth 1 Neturet 2 Accident 5 Pending investigation

3 Suicide 6 Could not be determined 4 Homicide

1) Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year)

26b. Time of

28c. Injury st Work? 26e. Plece of Injury - At home, term, street, tectory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

26t. Location (Street end Number or Rural Route Number, City or Town, Stete)

26d. Describe how Injury occurred

29e. Certifier (Check only one) Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture and title of certitier

29c. License number 0-45344 29d. Date signed (Month, Dey, Year) September 5, 1996

30. Name and eddress of person who completed cause at deeth (Item 23a) (Type, Print)

Suresh M. Dhanjani, M.D., 20 Craigtown Rd., Perryville, MD 21903 410-378-4800

State Registrar

31. Dete filed (Month, Dey, Year) SEP - 5 1996

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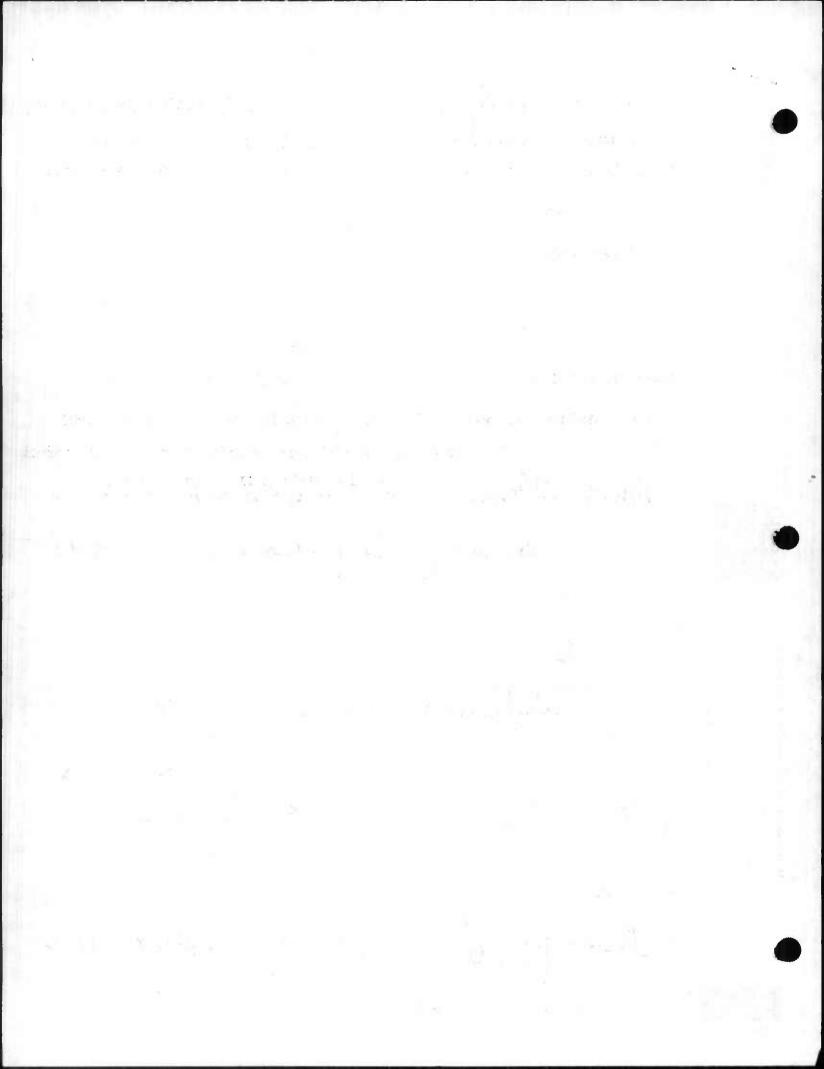
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Division of Vital Records, P.O. Box 68760,

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Joseph /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Bel Air Nursing and Rehabilitation Center Bel Air Harford If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1**☑** M 2□ F Director 215-32-2706 April 20,1921 Maryland Usuai Residence of Decedent with the Maryland 10b. County 10a. State 10c. City, Town or Location 10d Inside City Limits 7 is marked other than "natural", or flems 23s or 28a-f ahow traumstic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Harford Bel Air 10e. Street and Number 10f, Zip Code 10g. Citizen of What Country? 2407 Hannah Dr. 21015 death Funeral USA 14. Race - Amarican Indian, Black, White, atc. 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental hygiene. Important: if item 27 is marked other than "natural", or item important: or other transmit of word, The Mentical Experimentary injury or other transmits event, The Mentical Experiment 1 ☐ Yes 2 ☑ No if Yes, Giva Yaar or Dates: 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify 3 ☐ Widowed 4 ☒ Divorced Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 5 Bd. of Education Janitor 17. Fathar's Nama (First, Middle, Last) 18. Mother'a Nama (First, Middla, Malden Sumama) (u/k)Grover Emma (u/k)Smart 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Nancy Graves - Daughter 807 W. Baker Ave., Abingdon, Md. 21009 20b. Plece of Disposition (Name of cematary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Donation 2 ☐ Cramation 3 ☐ Removal from Stata 2 ☐ Donation 5 ☐ Other (Specify) 5 Other (Specify) 9-9-96 Mt. Zion Cemetery Joppa, Maryland 21. Signature of 22. Name and Addrass of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 or complications thet caused the death. Do not enter the mode of dylng, such as cardiac or raspiratory arrest, List only one cause on each lina. Onset and Death **Physician** /Medicai Rostate Cancer Immediate Ceuse (Final disease or condition resulting in death) Examiner physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequença of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the ald Part It. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate has To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 2 Accident 1 ☐ Yes 2 ☐ No filled in by the 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 152. Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D34652 September, 4, 1996 30. Nama and addrass of person who comp eted cause of death (Item 23a) (Type, Print)

NORTH AVE BEL 11R MARYLAUD 21014

Registrar

SCOTT

31. Date filad (Month, Day, Year) SEP = 6 1

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37. Register's Signature

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State of Maryland / Department of Health and Mental Hygiene (

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 37, 1996 Blankenship August Esther 11:50 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Med Pointe Nursing Home Elkton Cecil 5. Social Security Number If Under 1 Year Months Days If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, May 28, 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** Days 1 □ M 2 X F 212-22-5420 79 Yrs. Director Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, the Medical Exercises 200 or 28a-4 show once. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland Harford Havre de Grace 10a. Street end Number 10f. Zip Code 10g. Citizen of What Country? 40 Robin Hood Road Box 426 21078 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Meritei Stetus 1 ☐ Yes 2 🛣 No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 KMerried 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Assembly Line Manufactoring 18. Mother's Neme (First, Middle, Maiden Surname) 17. Fether's Neme (First, Middle, Last) Be William James Gray Mary Florence Adams 2 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9121 Lamaze Road, Baltimore, MD 21234 Mr. Lynwood J. Gray, Sr. (brother) 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 Duriai 2 ☐ Cremetion 3 ☐ Removei from Stete 9/5/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Holly Hill Mem. Gardens 21. Signeture of Funerei Service Licensee Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23a. Part1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Physician /Medical Immediata Cause (Fine) disease or condition resulting in deeth) Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): 88 for use as signed by the a d be detached f Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 1006 3 Probably 4 Unknown Ď should should 24a. Was an autopsy performed? 24b. Wara autopsy findings aveilable prior to completion of cause of death? Completed is certificate has t director, page 2 s Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stelly filled in by the funeral director; 25. Wes case referred to medical axaminar? Be 26. Place of Death (Check only one) Hospitel: 1 Yes 2 10 Other: 4 Vursing Home 5 Residence 8 Other (Specify) ဂ္ဂ 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? 1 Naturei 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be 3 Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide 24 hours a 29a. Certifler Medical rtifying Phyetctan: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely f (Check only one) dedicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signature and little rtifier 29d. Dete signed (Month, Day, Year) tem 30. Neme end address of person who ad ncause of daeth (Item 23e) (Type, Print) MON 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State let Navalson Rardall Registrar

DHMH 16 Rev 6/95

**Physician** 

/Medical

**Examiner** 

Director

Funeral

by

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mentel Hygiene. Important: if item 27 is merked other than "natural", or item any injury or other traumatic event

**Physician** /Medical

**Examiner** 

Examiner

by Physician/Medical

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Certification: To

cal

State Registrar

Baltimore, Maryland 21215-0020

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death with

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death Day Yaar Barlow Jossie Hngeline Aug us + 1996 30 726 4a. Facility Nama (If not institution, give street end number) 4c. County of Death Fallston General Hospital Harford **FAllston** If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth
Months | Devs | Hours | Min. | (Month, Day, Year) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign Country) Virginia Months 1 M 3 F 187-24-0889 83 Yrs. 9/14/12 Usual Rasidance of Dacedant 10a. Steta 10b. County 10c. City, Town or Location 10d. insida City Limits HArford Pylesville 1 Yes C No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1161 Old Pylesville Rd 21132 USA 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yee or No-if Yas, specify Cuben, Maxican, Puerto Rican, atc.) 11. Meritei Stetus 14. Raca - Amarican Indien. Biack, Whita, atc. 1 □ Yes Ϫ□ No If Yas, Giva Yaar or Datas: 1 Never Merriad 200 Merried 1 ☐ Yas 2 No Specify: spWhite 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Coilege (1-4or 5+) Shoe manufacturing Assembler un'c 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) John Blackburn Isabel Wishom 19e. Informant's Name/Relationship (Type, Print) 19b. Melling Address (Straet end Numbar or Rural Route Number, City or Town, State, Zip Coda) Alden H. Barlow 1161 Old Pylesville Rd., Pylesville, MD 21132 20b. Place of Disposition (Nama of cematery, cramatory or other piece) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 Nurial 2 ☐ Cremetion 3 ☐ Ramoval from Stata Slate Ridge Cemetery 9/3/95 Delta, PA 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Munaral Sarvice Licansea 22. Name end Addrass of Facility Harkins F.H.Inc., Delta, PA 17314 Fart . Entar tha disaasa, or complications that causad the daath. Do not antar tha mode of dying, such as cardiac or respiretory errast, not, or haert fallura. List only one cause on each line. Approximata Interval Between Onset and Death immedieta Causa (Final disease or condition resulting in deeth) Due to (or as a consequence of) Saquantially list conditions, if any, laading to immediata causa. Entar Undarfying Cousa (Disaese or injury that initiated evants resulting in death) Lest Due to (or es a consequança of): Dua to (or as e consequança of) Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy findings evallable prior to completion of cause of death? 24a. Was en eutopsy 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No 26. Placa of Daath (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 28a. Data of Injury (Month, Dey Year) 27. Mangar of Deeth 28b. Tima of 28c. injury at Work? 28d. Describe how injury occurred Naturei 5 Panding 1 Yes 2 No 2 Accident Invastigation 6 Could not be daterminad 3 ☐ Suicide Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 Homicida Cartifying Physicien: To tha best of my knowledga, death occurred at tha time, dete end placa, and dua to tha cause(s) and mannar as stated.

Medical Examinar: On tha basis of examination and/or invastigation, in my opinion, death occurred at tha time, deta end placa, and due to the ceuse(s) and menner stated. 29a. Cartifiar

that the death certificate be executed physician end s the buriel-trans Division of Vital Records, P.O. Box 68760, attending for use es 980 ed by the a signed by t The law requires peed , page 2 : hes certificate lal or Attending Physician: Ti s effer death. si Director: After this certificat ed in by the funeral director, pa in 24 hour. the Funeral Directory Hospital To the Hospi within 24 hou To the Funer completely fil

(Check only one) 29b. Signatur# and titlefof certif

29d. Deta signed (Month, Day, Year)

complated causa of deeth (Item 23a) (Type, Print)

Belain Rd Fullston JULOSZ MO

32. Registrers Signatura

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth BOGGS MYRTLE HUBUST FILA 30 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Bel Air Nursing & Rehabilitation Center Bel Air Harford if Under 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) Aug. 2, 1909 North Carolina 5. Social Security Number 7. Age (In yrs. lest birthday) Months Deys 1 M 20 F Yrs 212-30-1397 Usuel Residence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d, inside City Limits Maryland Harford Bel Air 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1317 Locust Avenue 21014 IISA 11. Marital Stetus 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 ☐ Yes 2 ☐XNo Specify: White 3 □XWidowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Elihu (nmn) Tillev Ella (nmn) (Unknown) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Paul H. Boggs - Son 1317 Locust Avenue, Bel Air, Maryland 21014 20a. Method of Digos 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 b Burial /2 4 Dogavon Cremation 3 Regional from State 9/2/96 Bel Air Memorial Grdns. Bel Air, Maryland 5 Other (Specify) 22. Name end Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 Do not enter the mode of dying, such as cardiac or respiretory errest, PROBABLE ACUTE STROKE Immediate Cause (Finei **MINUTES** diseese or condition resulting in deeth) Due to (or es e consequence of): YEARS SYNCOPE AND TRANSIENT ISCHEMIC ATTACK Due to (or es e consequence of): YEARS **HYPERTENSION**

**Physician** /Medical Examiner

physician s the burial

98

page 2 should be

director.

funeral

filled in by the

To the Hospital of within 24 hours of To the Funeral D completely filled I Hospital (

t or Attending Physician: The law requires that the death certificate be executed efter death.

Director: After this certificate has been signed by the attending physician and

P.O. Box 68760,

of Vital Records,

Division

Examiner

Physician/Medicai

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Completed

Be

Certification: To

Medical

State

Registrar

permit. Page Department of Important: If eny injury or

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

ò items 23a

must be notified at Director

traumatic event, the Medical Examiner

Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. Interest of the marked other than "natural", or file Into or other traumatic event, the Medical Experimenty

Baltimore, Maryland 21215-0020

Funeral

þ

Completed

Maryland

the

Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury thet initiated events resulting in deeth) Lest

21. Signal

Due to (or es e consequence of)

23b. Did tobacco use contribute to the cause of death?

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

CHRONIC BRONCHIAL ASTHMA

d. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

24e. Wes en eutopsy performed?

1 Yes

26. Piece of Deeth (Check only one)

1 Yes 2 No

24b. Were eutopsy findings aveileble prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

YEARS

3 Probably 4 Unknown

25. Wes cese referred to medical 1 Yes 2 No

1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of

28c. Injury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

27. Manper of Deeth 2 Accident 3 Suicide

4 Homicide

5 Pending investigation 6 Could not be determined

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and menner es stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end menner stated.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

0 Jan. W. D

1800 HARFORD ROAD, FALLSTON, MD 2/043

30. Name, and address of person who completed cause of death (Item 23e) (Type, Print)

Albert SUN, M.D.

31. Dete filed (Month, Dey, Yeer)
SEP - 4

- 4 1996

32. Registrer's Signature

State of Maryland / Department of Health and Mental Hygiene 96 - 199Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** JOSEPH 31, CARL BAKER AUG. 1996 0142 AM /Medicai 4a. Fecility Nema (If not institution, give street end number)
PRINCE GEORGES HOSPITAL CENTER E.R. 4b. City, Town, or Location of Deeth CHEVERLY 4c. County of Deeth **Examiner** GEORGES If Under 1 Year If Under 24 Hrs.

Min. Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplece (State or Foreign Country) 1X M 2□ F Yrs. Director 217-70-7204 39 31, 1957 Jan. Maryland Usual Residence of Decedent the Maryland 10e State 10h County 10c. City, Town or Location in "natural", or Items 23a or 28a-f show Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2√ No Maryland | Montgomery Rockville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 16323 Emory Lane 20853 United States Funerai 14. Raca - American Indian, Bleck, White, etc. 11. Merital Stetus Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours efter 1 ☐ Never Married 2X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No by Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) the 12 Painter Painting, Self-employed permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event, since. 17. Fethar's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Sumeme) Be James T. Baker, Sr. Betty R. Crockett 19a. Informent's Neme/Relationship (Typa, Print) 19b. Melling Addrass (Streat end Number or Rural Route Number, City or Town, Stete, Zip Code) Linda M. Baker 13154 Jesse Smith Road, Mt. Airy, MD 21771
e of Disposition (Neme of Dete 20c. Location - City or Town, Stete 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 1 ☐ Burial 2 D Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory 9-5-96 | Beltsville, Maryland 22. Name end Address of Fecility
Rapp Funeral Services, P. A. 21. Signeture of Funerel Servica Licansee 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardlec or respiretory errest, Approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately approximately Approximete Intervel Between Onset end Deeth **Physician** Stat wound left chest Immediate Causa (Finel diseese or condition resulting in death) /Medical Examiner Dua to (or as a consequence of): Physician/Medical Examiner bunial-tran Sequentielly list conditions, if eny, laading to immediate cause. Enter Underlying Ceuse (Disease or Injury that lait and ease or Injury Due to (or es e consequence of) that Initieted events resulting In deeth) Lest the Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Were eutopsy findings aveileble prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 1 Yes 2 No 14 Yes 2 No 25. Wes case referred to medical axaminer? Be 26. Plece of Deeth (Check only one) 1XXes 2□ No Hospitel: 1 ☐ Inpatient 2 **K K**P/Outpatient 3 ☐ DOA 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27 Mannar of Deeth 28b. Time of Injury 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident

i or Attending Physician: The lew requires that the death certificate be executed efter death.

Director: After this certificate hes been signed by the attending physician end P.O. Box 68760, Records, Division of Vital 3 To the Hospital c within 24 hours of To the Funeral D completely filled I

8-31-96 Sulzeet stabled 00:28 HAS 6 Could not be determined 3 ☐ Sulcide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) Route 5 and Surtla 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 X Homicide Parkway, Prince Skorge, MD Street

29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the ceuse(s) end mannar as stated.

2X Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, data end piece, end due to the cause(s) end menner steted. (Check only

Nonald & Wright MD

29c. License number 29d. Date signed (Month, Dey, Year)

AUG. 31, 1996

30. Name end eddrass of person who completed causa of deeth (itam 23a) (Type, Print)

DONALD G. WRIGHT MD

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E

State Registrar

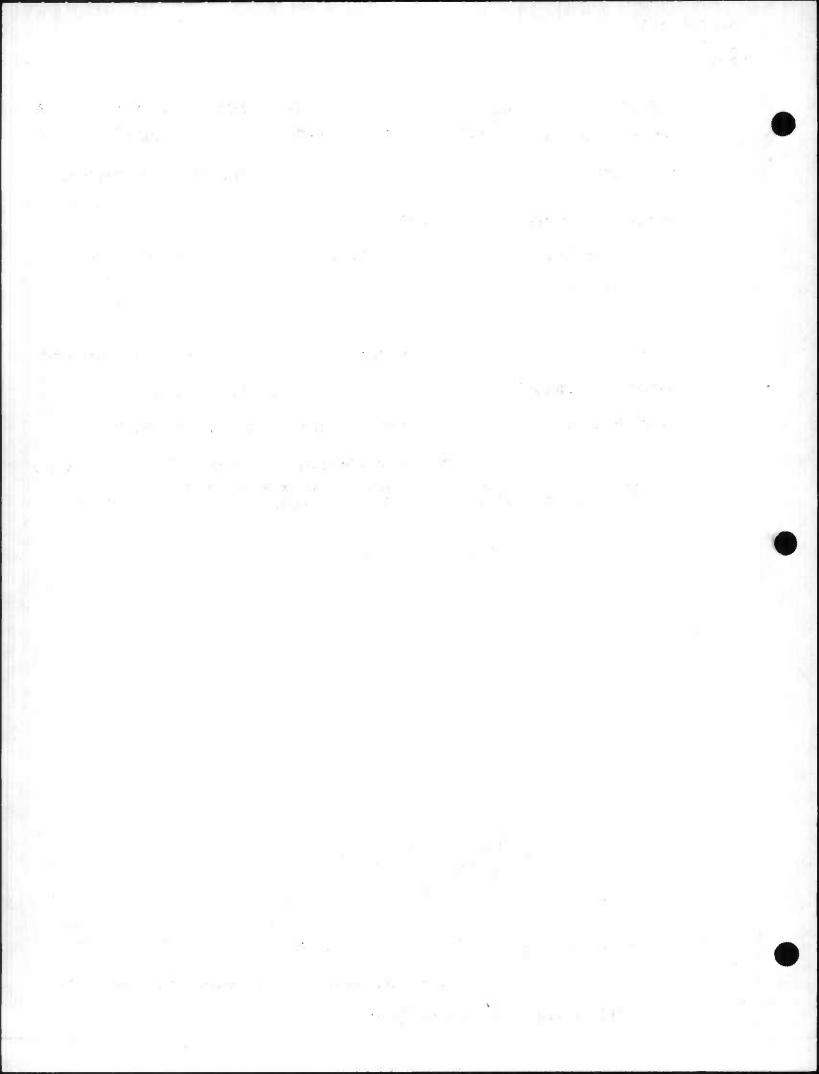
Medical

31. Dete filed (Month, Dey, Year) SEP 0 6 1996

29b. Signeture end title of certifier

32. Registrer's Signetura

whie Davidson



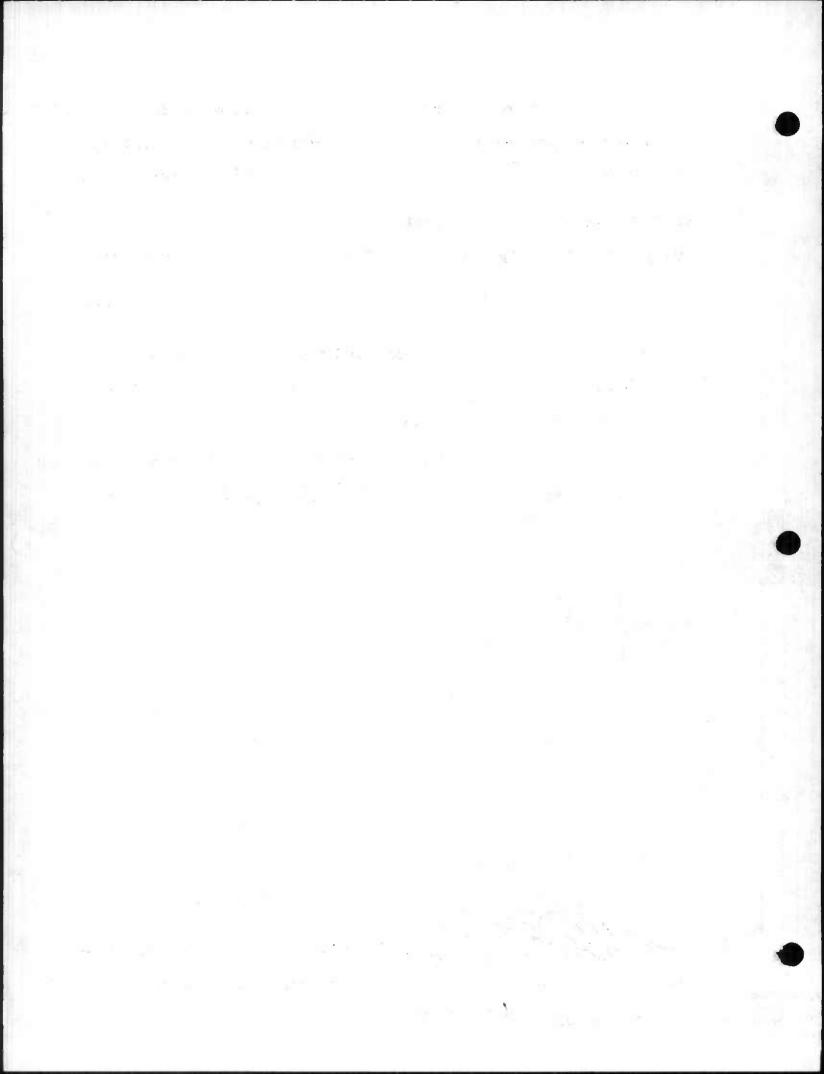
State of Maryland / Department of Health and Mental Hygiene 96

27793

					Ce	rtificate	of Death			Reg. No.	50	
Dharatala		1. Decedent's Name (First, Middle, L	ast)						2. Dete of De	eth		3. Time of Death
Physicia /Medic			Ellen M	<b>4.</b> Ве	rry				Septem	ber 3.	1996	8:20 PM
^c Examine		4e. Fecility Neme (If not institution, g	ive street end number)				4b. City, To	own, or Lo	cation of Deet			0.20 111
		Collingswood Nurs	sing Center	r			Rock	ville	9	Mon	tgome	erv
Funeral		5. Sociel Security Number 6.	Sex 7. Ag	e (In yrs. les	t birthdey)	If Under 1 Y	eer If Under	24 Hrs.	8. Dete of Bir		-	
tal Hygiene.  d other than "natural", or items 23a or 28a-f show avent, the Medical Examiner must be notified at		066-18-8948 Usuel Residence of Decedent	1□ M 20ÅF	88	Yrs.	Months De	eys Hours	Min.	Sept. 7	, 1907	Rus	plece (State or Foreign htry) SS18
Mow III		10e. Stete 10b. County		10c. City,	Town or Lo	ocation					1	0d. Inside City Limits
28a-f show	to	Maryland Montgom	erv	Rock	ville	е						1 ☐ Yes 2 No
2 2	Directo	10e. Street and Number				10f. Zip Co	de			10g. Citizen of	Whet Coun	itry?
38	0	12508 village Sq	uare Terra	ce #4	102	2085	2			United	State	96
25	Funeral	11. Maritel Stetus	12. Was Decedent				of Hispenic Or Cuban, Mexica	igin? (Spe	cify Yes or No		ce - Americ	
edical Examiner must be notified at	by Fu	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorcad	Armed Forces?  1  Yes 2 X  If Yes, Give Yeer or Detes:	No		f Yes, specify ( 1 □ Yes 💥			Rican, etc.)	Specif	ck, White,	
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Taumanc		Regina Brailsfor				as 10	reet e <i>nd t</i> vum <i>b</i>	er or Hura	i Houte Numb	er, City or Town	, Stete, Zip	Code)
other	1	20e. Method of Disposition	u	20h Plea		sition (Neme o	4		Data I	00-1	01 - 7	
6		1 Burial 2 Cremetion 3	Removel from State	cem	etery, cren	netory or other	plece)		Dete	20c. Location	- City or To	wn, Stete
E C		4 ☐ Donetion 5 ☐ Other (Special		Ches		ke Crem	-		-4-96		ille,	Maryland
any injury or other once.		21. Signeture of Funerel Service Lica	nsee Ca	an	22	Rapp Fu	ineral	Servi	ces, P	. A.	MD 04	0010
	-	23e. Pert1. Enter the disease, or con	plications that cause	The feeth						Spring,	MD S	
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ner		resulting In deeth)	Θ	Due to (or e	s e conseq	uence of):						
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9	2	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	U	Due to (or es			ubcces	HCTT.	1003			
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deteched for use as the b	Physician	Pert II. Other significant conditions	contributing to death by	it not recultir	o in the ur	derheina cause	aiven in Bert I		23h Did (	lohanon uso oo	ntelleute to	the cause of death?
teched	n ye		or this desired to do detire but	it not rooditii	ig iii tiio di	idonying cause	givoitiiroiti					
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page 2	티										of c	deeth?
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rai director,	2	1 ☐ Yes 21 No	Hospitel: 1  Inpatle		/Outpetien			ırsing Hom	ne 5 Resid	dence 8 🗆 Oth	er (Specify	9
Junera Junera	Certification:	27. Menner of Deeth  1 Naturel 5 Pending	28e. Dete of Injur (Month, Dey	Year) 28	b. Time of Injury	28c. I	njury et Work?	2	8d. Describe h	now injury occur	red	
the	Sal	2 Accident investigatio				M	1 Yes 2	No				
100		3 ☐ Sulcide 6 ☐ Could not be determined		ry - At home . (Specify)	, farm, stre	et, fectory, offi	ice	2	8f. Location (S City or Tox	Street and Numb	er or Rurel	Route Number,
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completely filled in by the	eolcal	29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Exar	ysician: To the best o	exeminetion	dge, deeth end/or Inv	occurred et the estigetion, in m	e time, dete en ny opinion, dee	d piece, er th occurre	nd due to the d	cause(s) end me dete end pleca,	enner es ste and due to	eted. the ceuse(s)
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		30. Name end eddress of person who		ath (Item 23								
		Walter E. Goozh,	M. D.,			2309 Sh	norefie	ld Ro	oad, Wh	eaton,	MD 20	902-1825
State	,	31. Dete filed (Month, Dey, Year)	32. Registre	r's Signeture								0-0-
Registrai	r	SEP 0 6 199	6 ghia	Davidson	Mande	100						

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

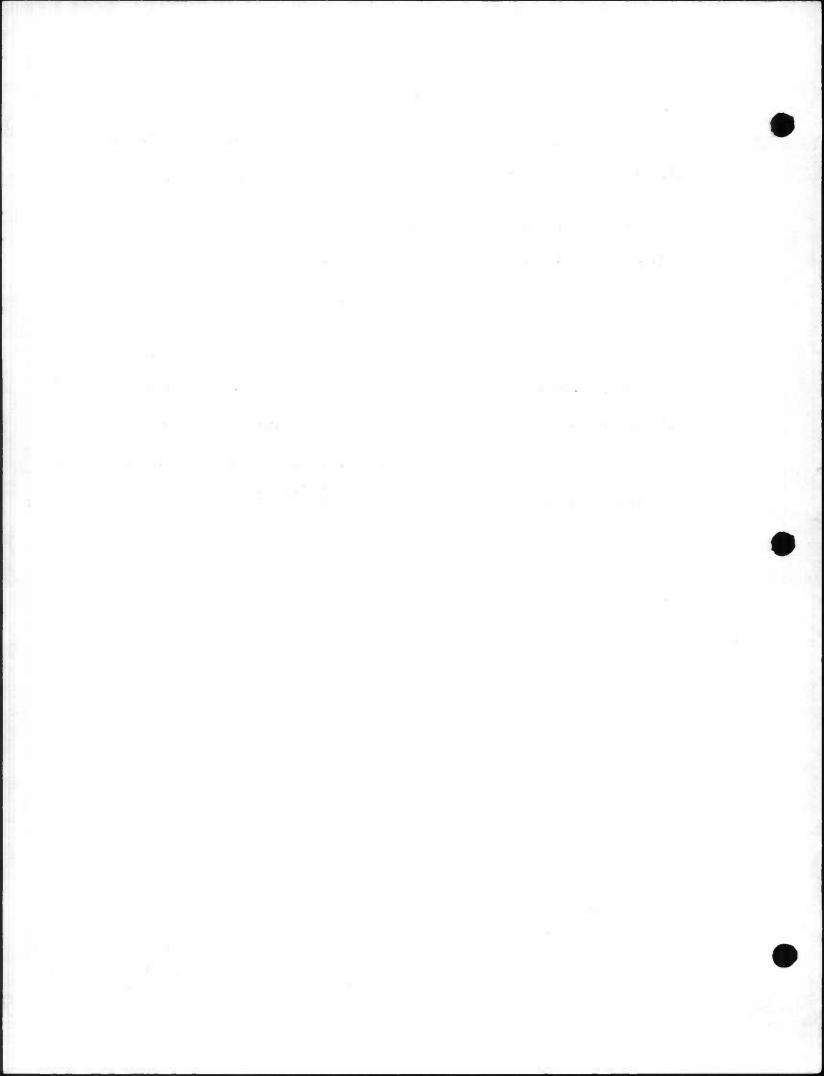
Physic					001	unoute o.	Death		Reg	No.		
		1. Decedent's Name (First, Midd	ile, Last)						te of Death	Day	Vaer	3. Time of Dea
/Media		Virginia			Borron	7			tembe	Day	Year 1996	8.56 P
/Medir Examir		4a. Facility Name (If not institution	on, give street and nu	mber)	DUNDLUN			vn, or Location	of Death	4c. County	of Death	
		Doctors Co	mmunity H	ospital			Lai	nham		Princ	e Geo	orges
uneral	П	5. Social Security Number	6. Sex	7. Age (In yrs. I	last birthday)	If Under 1 Year Months Days		24 Hrs. 8. Da Min. (M	te of Birth onth, Day, Y	(eer)	Birthplace (State or Forei Country)	
irector		168-24-4047	1□ M 2\(\overline{Q}\)F	76	Yrs.	Wioritina Days	Tiodis	AU	G. 31	1920		VA.
>		Usual Residence of Decedent  10a, State 10b, Count		10- 07-	. T							
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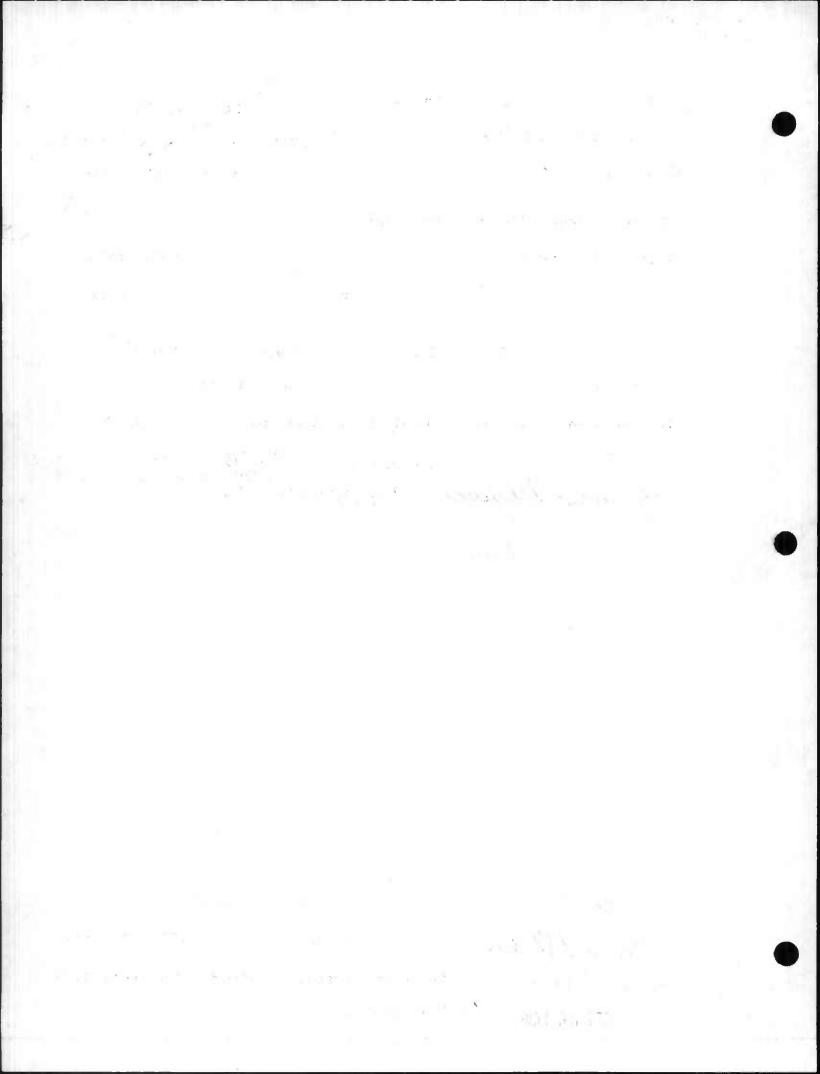
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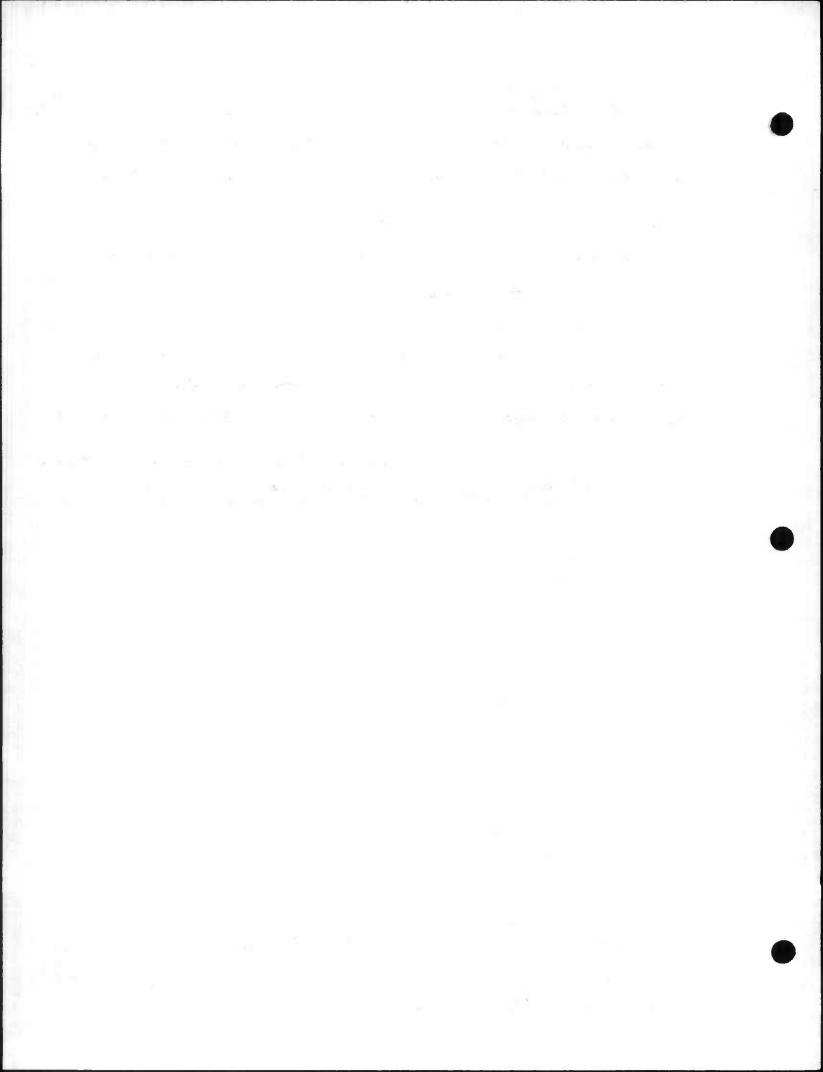
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020	permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in Medical Examiner must be not the anone.	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent ! Armed Forces? 1 □ Yes 2 ☒ N If Yes, Give Year or Detes:			ecedent of H specify Cube s 2X No	dispanic Origin? (Sp en, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		a - Americ k, White, Blac	
Maryland 21215-0020	/ithin 72 ho ne. han natur	Completed	15. Decadent's E (Specify only highest gr Elementary/Secondery (0-12)	ducation ade completed)  College (1-4or 5	+)		work done Tuse retired	during most of work d)		16b. Kind of Bu		lustry
מ	iled w Hygiei ther ti	ပိ	17. Father'e Name (First, Middle, Las		Co	omputer	Syste	ms Analys		Comput		
and	d be f ed of	Be C	Henry Brown	,					Baylor	Melden Sumam	Θ)	
ary	shoul nd Me mark	To	19a. Informant's Name/Relationship	(Type, Print)		19b. Meiling Add	ress (Street	and Number or Rur		er. City or Town.	State. Zio	Code)
Ž	alth e 27 is or trai		Rosalind L. Smit	h -daughte:				Drive Mi				
ltimore,	Pages 1 enemants of Hermans II from It is in the It is in the It is in the It is or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or other Its or		20a. Method of Disposition  1 ☑ Burial ※XX Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Speci	Removal from State	20b. Plece came	e of Disposition ( etery, cremetory	Name of or other place	Septe	ember , 1996	20c. Location -	City or To	
Balti	permit. F Departme Importan any injur		21. Signature of Funeral Service Lice		cnesa		end Addre	es of Facility Mc( gia Ave., i, D.C.	Guire Fu			
	Physician		23a. Pert1. Enter the disease, or con shock, or heert failure. List only	plications that caused one ceuse on each lin	the death. D	Wash:	ingtor	ng, such as cardiac	20012 or respiretory ar	rest,	1	Approximate Interval Between Onset end Deeth
2	/Medical	П	Immediate Cause (Final disease or condition	. Intra	- a	1 Gu	nels	t Wo	und			
'	Examiner		resulting in deeth)			e consequenca						
	D :	iner		h								
,09	ificete be executed g physician end as the buriel-transit	I Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	C.	Due to (or es	a consequence	of):					
Box 68760,	5 O 6	n/Medical	that initiated events resulting in deeth) Lest	d	Oue to (or es	e consequenca	of):			154		
ň	death cert e ettendin ed for use	Ca	Part II. Other eignificent conditions	contribution to death bu	t not recultie	a la the underbile		on in Part I	OOP DIA	-h	A-15-14-A-	the same of death 0
О	res that the de signed by the e be deteched (	by Physician/N	ratti. Other eignincent conditions (	contributing to death bu	it not resultin	g in the underlying	ig cause giv	en in Part I.		fee 2 No		o the cause of death? Debly Unknown
Hecords,	requi	Completed b								en autopsy	ave	ore autopsy findings eileble prior to mpletion of cause death?
r	0 - 0	E O							DOY	es 2□No	134	ves 2□ No
	certificate	Bec	25. Wes case referred to medical examiner?					26. Place of Deet				
> .	0 0	7	1XXes 2□ No	Hospital: 1 Inpatier	nt 2 ER/	Outpatient 3	DOA Oth	er: 4 Nursing Ho	me 5XX Resid	lence 8 Othe	or (Specify	1)
2	After fune	Certification:	27. Menner of Death  1 Natural 5 Pending  2 Accident investigatio	7-2-9	Year)	Anipport	28c. Injun Work	y et k? Yes 2 No		flicted o		hot wormal
=	7 4 4 5		3 ☐ Could not be determined		. (Specify)	, farm, street, fec	tory, offica		281. Location (S City or Tow Ketterin	Street and Numbern, Stete)	er or Rura	Route Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier 1 ☐ Certifying Pt (Check only one)	yelclen: To the best of niner: On the basis of and menner stel	examinetion	ige, death occurr and/or investiget	ed et the tin ion, in my o	ne, date and piece, pinion, death occurr	and due to the red et the time, o	euse(s) and mar dete end place, a	nner as stand due to	eted. the cause(s)
)	8 2 1 2	¥	29b. Signeture and title of certifier	huk as			O . C	e number • M • E		29d. Date signed SEPT.		Dey, Year) 1996
	10			inte m	111	Penn	Stre	et, Balt	timore	, Maryl	and	21201
	Sta Registr		31. Dete filed (Month, Day, Year)		r's Signeture	lson-Panda	92.					

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State of Maryland / Department of Health and Mental Hygiene 96 27797

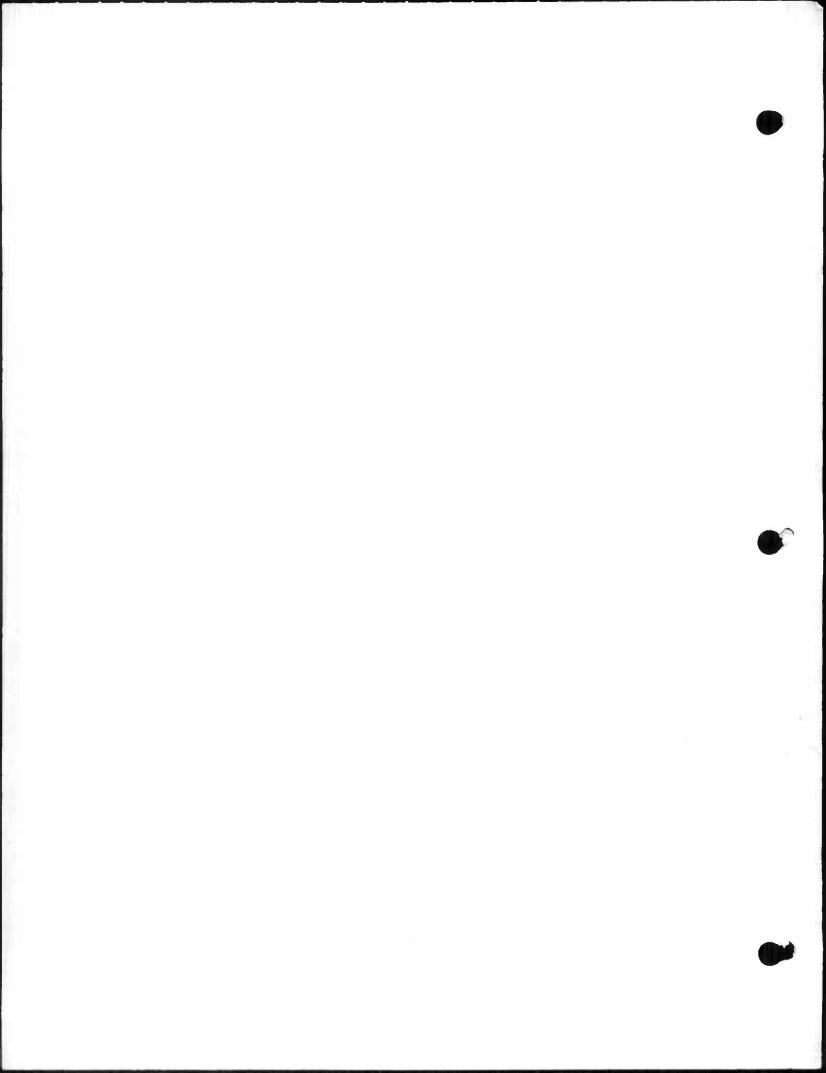
						Ce	ertificate of	f Death		Reg. No.	20	61131
	- A. 1		1. Decedent's Nama (First, Middla	Last)					2. Data of I	Death	W.L.	3. Time of Death
	Physici /Medi		CHARLES HAY	WARD BART	LETT					ber 2.	Yaar 1996	3:00 P.M.
	Examir		4a. Facility Nama (If not institution,					4b. City, Tow	vn, or Location of De		unty of Death	
1			701 Kerwin Road					Silve	er Spring	Moi	ntgome	rv
	Funeral		5. Social Sacurity Number	6. Sex 1 X M 2 □ F	7. Aga (In yrs.		Months Day	r if Undar 2 s Hours	Min. 8. Data of E. (Month, I	lirth Day, Year)		nplaca (Stata or Foreign untry)
	Director		579-46-8105	IN W ZUF	84	Yrs.			Feb. 3	, 1912	Miss	
	pue *-		Usual Rasidance of Decedant  10a. Stata  10b. County		10c. Ci	tv. Town or I	Location					10d. fnsida City Limits
	Aeryl f sho	ō										1 □ Yas 2X No
	the 1	Director	Maryland Montg	omery	Si.	lver S	10f. Zip Coda			10g Citizan	of What Cou	untry?
	Sa or		701 Kt Dt				20901				d Stat	
	death me 2	Funeral	701 Kerwin Road	12. Was Dece	dant Evar in U	,S. 13		Hispanic Orig	in? (Specify Yas or P Puarto Rican, atc.)		Race - Amar	
0	or ite		1 Navar Married 2 Marrie	Armed For XX Yas If Yes, Giv	2 □ No				Puarto Rican, atc.)		Biack, Whita	, atc.
02	72 hours effer death with the Maryland nature!' or items 23s or 28s-1 show diest Examiner must be notified at	by	3 Widowed 4 Divorced	If Yes, Giv Year or Da	a 192	g -	1□Yas 2⊠N	o Specify:		Spe	eclfy: Whi	.te
21215-0020	72 ho	Completed	15. Decedant' (Specify only highas)	s Education		16a. Dec	edent's Usuai Occ ra kind of work don	upation a during most	of working	16b. Kind o	ol Businass/In	ndustry
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and	be of other	Be	17. Fathar's Nama (First, Middla, L	•					's Nama (First, Midd		nama)	
ž	should be and Mental marked of umatic eve	2	Jesse O. Bartlet						thy McClou			
Maryland	d 2 should be filed within 72 hours effer death with the Merylen th and Mental Hyglene.  7 Is marked other than "naturel", or items 23s or 28s-4 show traumatic event, if a Medical Examiner must be notified at		19a. informant's Name/Raiationsh Bernice Bartlett						ror <i>Rumal Rout</i> a Num ilver Spri			
e,	permit. Peges 1 and 2 Department of Health a Important: If item 27 is any Injury or other tra once.		20a. Mathod of Disposition	1110	20b. F	Place of Dist	position (Nama of		Data		ion - City or T	
Baltimore,	ages ant of t: If it		1 Burial 2 Cramation 4 Donation 5 Other (Sp		tata		ematory or other p					
	artme prtan Injur		21. Signature of Funaral Segree L		Me1		<u>itan Fun</u> 22. Nama and Add			Alexa	ndria,	Virginia
B	Depariment Important		+/1 -	1	8	נו	Iinna Din	0144 T.	manal Ham	ne, Inc		
	-	-6	23a. Pent1. Entar tha diseese, or o shock, or haart lailura. List o	populications that ca	used the deal	th. Do not a	1800 New	Hampsh	nire Ave.,	Silve	r Spri	ng, MD 2090
1	Physician		shock, or haart lailura. List o	nly one causa on a	ach lina.			,				fntarvai Batween Onset and Death
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	Examiner		rasulting in death)	a - 0			equance of):	7 /	7722			guaran
-	D #	Iner		- 1/L	221/1-	nato	my F	Lulis	les		1	Sudden
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P.O.	thet the death and by the etter detached for	hys	Part fl. Other significant condition	A L	atin but not ras	ulting in the	undarrying causa (	iven in Part I.		Yes 2 N		to the cause of death?
C,	signed I	by P	Coro Mary	Horer	y yr	vone				1146 201	0 00110	Joseph Valorina in the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contrac
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/ita	ysicien: The lav is certificate hes director, page 2	Be (	25. Was case raterred to medical axaminar?					26. Placa	of Death (Check only	ona)		
5	5 00	ပို	1 ☐ Yas 2 No			ER/Outpation	BUT 3 DOW		sing Homa 5 Ra			ify)
no O	Ing P	ion:	27. Memar of Death 1 Naturei 5 ☐ Pending		l Injury h, Da <i>y Year)</i>	28b. Tima Injury	W			e how Injury oc	curred	
Sic	Attending at death.	cat	2 Accident invastiga 3 Suicida 6 Could no	nt ho				⊒Yas 2□N		(0)		
Division of Vital Records,	or Attending Physeler death.  Director: After this din by the funeral din	Certification:	4 ☐ Homicida determin	ed 288. Placa	of Injury - At high atc. (Specif	oma, tam, s y)	treat, factory, office	9		(Street and Ni own, Stata)	amber or Hui	ral Routa Number,
	ppital ours peral filled		29a. Cartifiar 17 Certifying	Physician: To the i	nast of my kno	wiedne des	th occurred at the	time data and	place, and due to th	a causa(s) and	mannar ac	etatad
	To the Hospital or Attending Phwithin 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	edicai	(Check only 2 Medical E	xaminer: On the ba	sis of axamina	tion and/or i	nvastigetion, in my	opinion, daatt	occurred et the time	e, dete and pia	ce, and due	to the cause(s)
	To the Hospital within 24 hours e To the Funeral I completely filled	Ň	29b. Signatyra and tition of certifiar				29c. Lice	nsa number		29d. Data si	gned (Month	, Day, Year)
			1/ Wehry	ta s	M		1)-	-323	32	09	-04	- Gh
0			30. Name and eddrass of person w	ho completed cause	of death (Itan	n 23a) (Type	, Print)		1	,		20902
1				un 9	801	sour	ps Au	· # 2	20 511	ren St	my	= Md
	Sta Registr	- 1	31. Data filed (Month, Day, Year)	32. Re	gistrar's Signa	tura	· ·			,	/	
	i icgisti	el t	SEP 0 5 1996	11								



BALTIMORE, MARYLAND 21215-0020	from wher death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / I	DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		v=.=	3. TIME OF DEATH
		yton	Baxa						MONT		74	YEAR	4:00 AM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest I		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH	1	BIRTHP Country	LACE (State or Foreign
	232-24-0533	1 M 2 F	77	YRS.					Sept		18 W		Virginia
œ	9e. FACILITY NAME (If not institution, give si						R LOCATIO		EATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	Holy Cross Hospi	tal			Sil	ver	Spri	ng			Mont	gome	ry
REC	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
	Maryland Montg	omery		Ro	ckvi	11e							T YES 2 1 NO
RAL	100. STREET AND NUMBER					10f.	ZIP CODE				10g. CITIZE	EN OF WI	IAT COUNTRY?
FUNERAL	4217 Independence						2085				U.S.		
	1 Never Married 2 Married	12. WAS DECEDENT EN	YES 2 NO	ED		f yes, spe	cify Cuba	n, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	or No- 1	4. RACE - Black,	- American Indian, White, etc.
BY	3 Wildowed 4 Divorced	WW II & KO			1	YES	2 🔯 NO	Specify	y:			Specify	White
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, DECI	EDENT'S	USUAL OG	CCUPATIO	N et of workin	0	168	. KIND OF BUS	SINESS/INDU	STRY	77.2.2.0.0
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT us	e retired.)	zamy mo	or working	v					
COMPLET	17. FATHER'S NAME (First, Middle, Leat)		Mech	nani	c					il Bur		ervi	ce
										Middle, Maiden			
BE	Joseph Baxa 19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a				Haw		ladal .	
5	Jane P. Baxa												and 20853
	20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Remo		20b. PLACE AN	DOATEC	FDISPOS	ITION /Nat	me of		DAT	E 20c. LO	CATION - CI	ty or Tow	n, Stata
	4 Donation 8 D Other (Specify)		Parkla	wn N	her place) lemor	ial	Park		9/5	/95 Ro	ckvill	Le Ma	aryland
	21. SHINATURE OF FUNERAL SERVICE LIC	ENSEE			22. I	NAME AN	D ADDRES	C 1	CILITY	Funer			
	Hames 5	boles											MD 20901
	23. PART Minter the diseases, or contock, or heart failure. I	omplications that ca	used the deat	th. Do n	ot enter	the mod	de of dyl	ng, sucl	h as can	diac or raspi	ratory arres	nt,	Approximate
	IMMEDIATE CAUSE (Final	ciat only one cause o	on auch line.										Interval Between Onset and Death
	disesse or condition resulting in death)	DUE TO (OR	TENSIO	, ~									24 hr
													0.11
NO N	Sequentially list conditions,	DUE TO (OR	AS A CONSEQU	HO C	_K								24hr
18	If any, leading to immediata cause. Enter UNDERLYING	CARD DUE TO (OR			-	Hy	MIA						74 hr
E		DUE TO (OR	AS A CONSEOU	ENCE OF	7:	- /-							
CERTIFICATION	reaulting in death) LAST	ACUT	AS A CONSEOU	196	FI	716	URE					_	24 6
CALC	PART II. Other algorificant conditions	a contributing to des	th but not rea	ulting I	n the un	derlying	cause g	Iven in	Part I.	24s. WAS AN		24b. V	VERE AUTOPSY FINDINGS
	Pancreatitis.	Diabete	3 Mell	litus	5 01	hoo	nic			PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Obstructive Pu	MODERA	Diseas	e. (	ort	na	VA	rta	YDI	Sease	2 40		F DEATH?
	DID TOBACCO USE CONTR				1 🗆 2			ERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check o								
I X	1 UYES 2 0	10 Inpatient 2 - ER			4 🗆 Nurs	ing Home	5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH    Dending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pen	28e. DATE OF INJU (Month, Day, Y		28b. TIM( INJ	E OF URY	28c. INJU	RK?		28d. DE	SCRIBE HOW II	NJURY OCCU	RED	
B	2 Accident Investigation	28e. PLACE OF IN.	IURY — At home	tarm e	trant lacto		ES 2	NO	284 1 00	ATION (Steads	and Marinet and	0 1 0	
	4 Homicide 8 Could not be determined	building, etc.	(Specify)	.,, .	,	ory, ornea		İ	City	ATION (Street a or Town, State)	rid Number of	nurar not	ne Number,
COMPLETE	290. CERTIFIER (Check only	CIAN: To the best of my I	rnowledge, death	occurre	d at the ti	me dete	and place	and due	to the sec	ve e/e) ==4 ===			
OMP	one) 2 MEDICAL EXAMINER												and manner as stated.
	290. SIGNATURE AND TITLE OF CENTIFIER		_	-			29c. LICE						Nonth, Day, Year)
O BE	Vact affers	1 M	D				_	142		- 1	19/	196	,
임	MANUE AND ADDRESS OF PERSON WHO		/ )								- 1	1	
		Medical	Park		IVE		7111	125	3	prin	9 1	40	
	SEP 0 3 1996	Julia David	SIGNATURE	482									
(1	OF1 0 0 1000	4/		-									



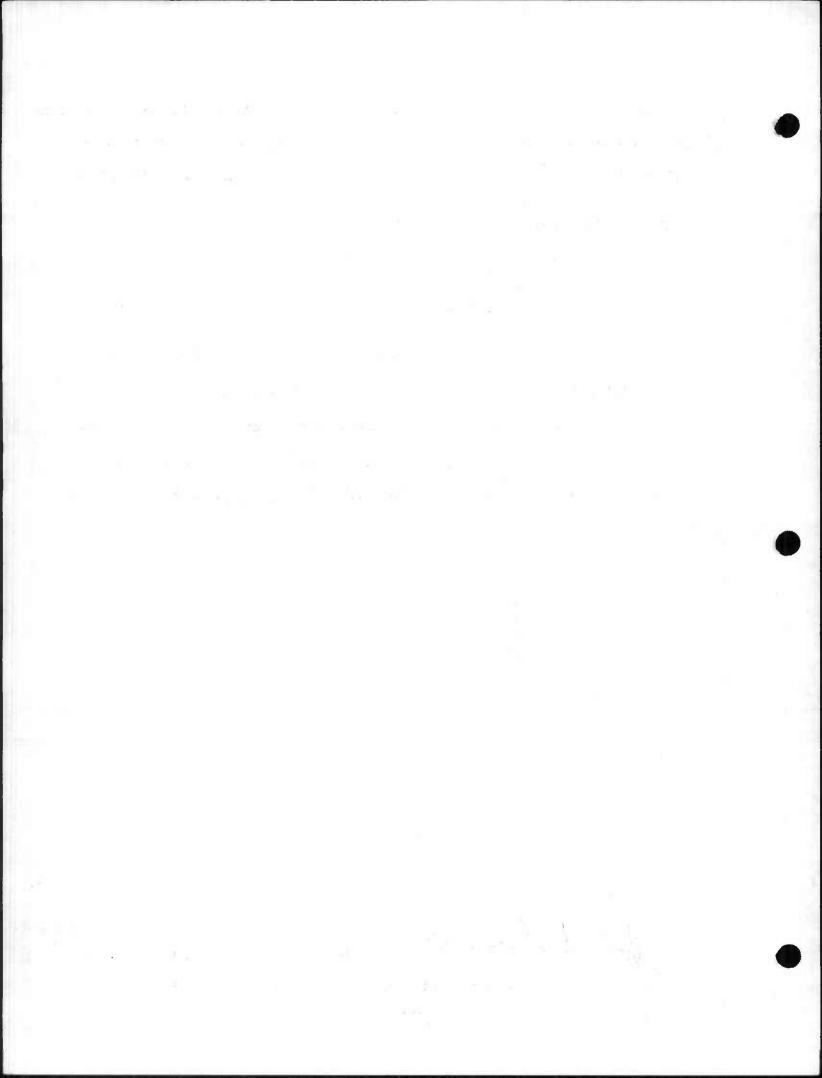
State of Maryland / Department of Health and Mental Hygiene

96 27799

						Cert	ificate o	f Death	7	F	Reg. No.		
			1. Decedant's Nama (First, Middla, L	ast)						2. Date of Dea			3. Time of Death
	Physic		Joseph		Rart	ycza	ŀ			Month August	2 Dey	996	1:35 AM
1	/Medi Examii		4a. Facility Nama (If not Institution, gr	ve street end number		ycza	Λ.	4b. City, To	own, or Lo	cation of Deeth		unty of Deat	
1	LAGIIII	ICI	Shady Grove Adve	ntist Host	ital			Po	ckvil	110			
-	Consul				ga (in yrs. last b	irthdev)	If Undar 1 Ya		r 24 Hrs.			lontgo	
	Funeral Director		224-12-5143 Usuai Rasidanca of Decedant	12\$M 2□F	79	Yrs.	Months Day		Min.	8. Dete of Birti (Month, Da) March	18,19	17 P	hpiaca (State or Foreign unity) oland
	land is		10a. Stata 10b. County		10c. City, Tov	wn or Loca	ation						10d. Inside City Limits
	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28=1 show other traumatic event, the Medical Examiner must be notified at	Director	Maryland Montgo	mery	Rocky	ville							1⊠ Yes 2□No
	A P		10e. Street and Number				10f. Zip Code				10g. Citizen	or what Co	untry?
	ath 23	Funeral	515 Woodston Roa			1	208					ed Sta	
	er de Mem	S	11. Marital Status	12. Was Decadent Armed Forcas?		13. W	as Decedant of Yas, specify C	if Hispenic Oi uban, Maxica	rigin? (Spe in, Puerto	ecify Yes or No- Rican, etc.)		Haca - Ama Biack, White	rican indian, a, atc.
020	ours aft	þ	1 ☐ Never Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ∑Yes 2 ☐ If Yas, Giva Yaar or Detes:		10	□Yes 2ᡚN	lo Specify	<i>:</i> :		Spe	ecity: Wh:	ite
21215-0020	in 72 h	Completed	15. Decedent's E (Specify only highast g	rada completed)		(Giva ki	nt's Usuel Occ ind of work dor O NOT usa ret	ne durina mos	st of work	ing	16b. Kind o	of Business/	Industry
7	filed with Hygiene. ther than	E	Elamantary/Secondary (0-12)	Coilega (1-4or:	5+)		ker	,		1	U.S. G	lowern	ment
0	Hyging Hyging		17. Fathar's Name (First, Middla, Las	t)		Da	INCI	18. Moth	ar's Nama	a (First, Middla,			mene
Maryland	Mental Mental arked o	Be c										,	
3	should nd Men marke umatic	2	Josef Bartyczak		10	b 84-95-	A 11-1-1-10-1		ela	Dziga		0	
Z	12 sh h and h and r is m trsum		19a. informant's Name/Reletionship							al Route Numbe			
	of Health Item 27 other tr		Evelyn L. Bartycz	ak/ Wife						ckville			
0	0 0 - 2		20a. Mathod of Disposition 1 StBuriai 2 ☐ Cramation 3 (	☐Ramovai from Steta	camate	a <i>ry, crama</i>	itory or othar p	olece) Sept	tembe	r 3,199	6 Locati	on - City or	Iown, Steta
E	nit. Peg antment ortant: I injury o	. n	4 □ Donation 5 □ Othar (Speci				leaven					r Spr	
Baltimore,	permit. Pe Departmen Important: any injury once.		21. Signatura of Funeral Service Lice	V / /	M00335	Rot	Name and Ado	fress of Facili	lity	Funeral West N 20850-2	Home	/ merv	Avenue
-			23a. Part1. Enter the disease, or con	Trailingions that cause		Ro not enter		Mary	land	20850-2	2805		Approximate
1	Physician		shock, or heart fellure. List ook	one cause on each li	na.			, , , , , , , , , , , , , , , , , , ,	0 00.0100	or respiratory and	.000	1	interval Between Onset end Death
"	/Medical Examiner		Immediata Causa (Final disease or condition	Lung Tu	mor							-	6 months
н	CXammer		rasulting in death)	a	Dua to (or as a	conseque	ence of):	-00				!	
	p =	ne.		Mesothe	lioma							i	
,	ertificate be executed ling physician end te es the bunel-trensit	Examiner	Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying	D	Dua to (or as a	conseque	ence of):					i	
68760,	ate be hysicia the bur	edicai	Cause (Disease or injury thet initieted evants rasulting in death) Last	C	Dua to (or as a	conseque	ence of):						
9 XO	ding ding	3		d									
n	a death he atten hed for u	Physician	Part ii. Other significant conditions	contributing to death b	ut not rasulting	In the und	larlying causa	givan in Part	i.	23b. Did to	obacco usa	contribute	to the cause of death?
 O.	requires that the death	by Phy	Cancer of Prosta	te, Corona	ry Arte	ry D	isease	High		101	/ss 2□ N	ło 3⊠Pr	robably 4 Unknows
GS	uiras uig blu									24a. Was 8	an autopsy		Wara autopsy findings
Records,	× 2 5 ×	Completed	Blood Pressure,	Renal Fail	ure, El	ectr	olyte	Inbala	nce	perfor			available prior to completion of cause of daath?
		000								1 🗆 Y	es 2XN	0	1 ☐ Yes 2 ☐ No
of Vital	ysician: The s certificate director, pag	Be	25. Was casa rafarred to medical examinar?					26. Plac	a of Death	h (Check only or	na)		
>	0 0	2	1 ☐ Yas 2 🗓 No	Hospitei:	ant 2 ER/O	utpatient	3 DOA	Othar: 4 N	ursing Ho	me 5 Resid	lenca 6 🗆	Other (Spec	cify)
5	B . B		27. Mennar of Death  1 XNatural 5 ☐ Panding 2 ☐ Accident investigation	28a. Data of Inju (Month, Da		Time of injury	28c. In			28d. Dascribe h			,
Division	or Attending ifter death. Director: After in by the fune	ertification:	2 Accident Invastigation 3 Sulcide 6 Could not be datarmined.	28a. Piaca of inj	ury - At homa, f c. (Specify)	arm, strea				28f. Location (S City or Tow		umber or Ru	ural Routa Number,
	in the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of th	Ce											
	To the Hospital or Attendi within 24 hours after death To the Funeral Director: A completely filled in by the f	edical	29a. Certifier (Check only one)  1 X Certifying Pi	hyaicien: To tha best miner; On tha basis o and mannar st	f examination as	e, death o nd/or inva	occurred at the stigation, in m	tima, data ai y opinion, dai	nd piaca, ath occurr	and dua to tha co ed at tha tima, c	causa(s) and data and pia	d manner as ca, and dua	stated. to the cause(s)
		Me	29b. Signature and title discertifier	1	m (		29c. Lica	nsa number		4	29d. Date si	gned (Monti	h, Dey, Year)
	12		you x	Dara			D	10493		A	August	29,	1996
	190		30. Nema and ddrass of person who	complated causa of c	leeth (itam 23a)	(Type, Pr	rint)						
			John S. Saia, M.					kville	, Mai	ryland 2	20851		
	Sta Registr		31. Data filed (Month, Day, Year)	32. Registr	ar's Signature	indelle.							

Registrar

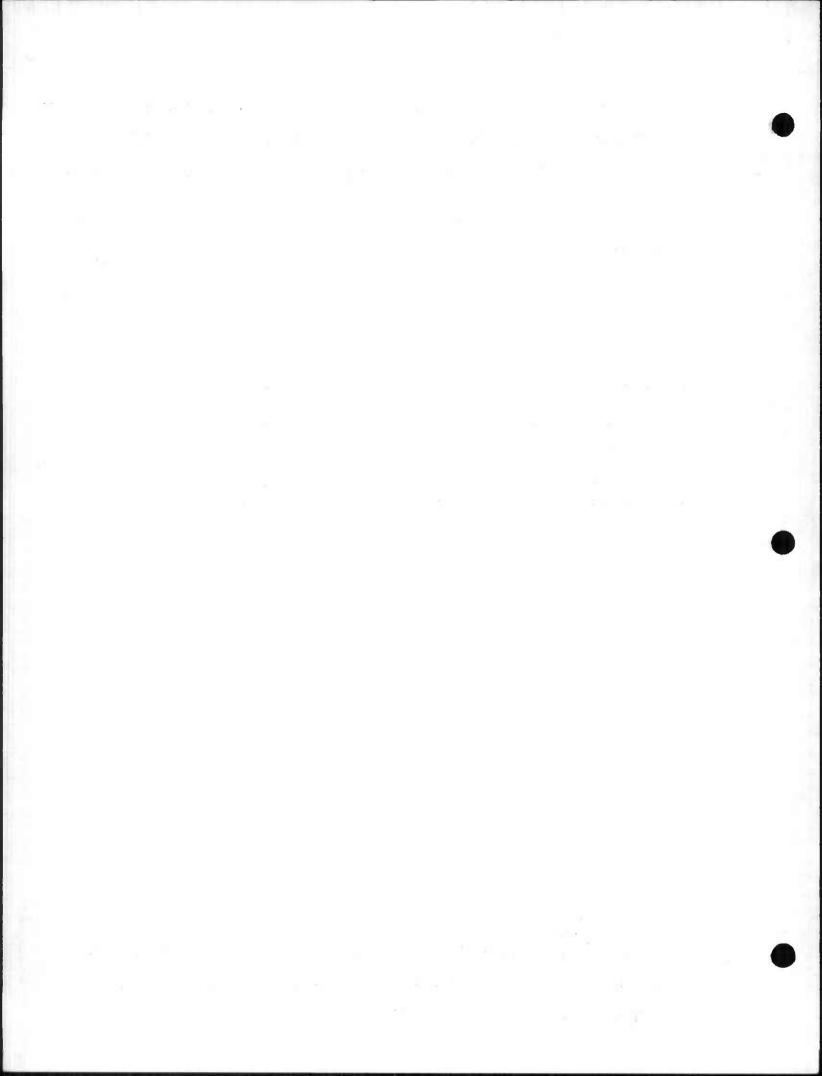
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							Certifica					Reg. No.	0	2/000
Г	Physic	ian	Decedent's Neme (First, Middle,	Last)							<ol><li>Date of De Month</li></ol>	Day	Year	3. Time of Deeth
	/Medi		ALFRED	THE WOOD		RMA	N				AUGUST			4:15 PM
7	Exami	ner	4e. Fecility Nama (If not institution, CARRIAGE HI						4b. City, To BETHE		ation of Deatl		of Death	RY
-	Funeral			. Sex	7. Age (In yrs.	last bir		r 1 Yaar	if Under	24 Hrs.	8. Data of Bir (Month, De	th	9. Birthol	ace (Steta or Foreign
г	Director		114-05-7887	1∭ M 2□ F	88		Yrs. Months	Days	Hours			28,1908		York
-	D		Usuai Rasidance of Decedent		- 00					j.	rar cii a	.0,1700	1.00	TOTA
	how the	_	10a. Stete 10b. County		10c. Ci	ty, Tow	n or Location						10	Od. Inside City Limits
	e Ma	cto	Maryland Montgo	mery	Bet	hes	da							1)∑ Yas 2 No
	igh th	Director	10e. Street and Number 5215 Cedar Lane				10f. Z	p Coda	20814			10g. Citizen of	Whet Count	ry?
	s 1 and 2 should be filed within 72 hours after death with the Maryland If Health and Mental Hygiene, than "natural", or Itama 23a or 28a-f show other traumatic event, the Medical Examinating the notined at						_					Unite		
	Ham Ham	Funeral	11. Maritet Status	Armed F	edent Evar in U orcas?	,S.	13. Was Dece tt Yes, sp	edant of H ecify Cubi	lispanic Ori an, Maxicer	igin? (Spec n, Puarto R	oify Yes or No licen, etc.)	H 14. Rac Bla	e - America ok, White, e	
20	rs aft	by F	1 ☐ Never Married 2 ☐ Married  3XXVIdowed 4 ☐ Divorced	1 ☐ Yes If Yes, Gi Year or D	ive		1 ☐ Yes	2X No	Specify:			Specif	v:	white
Maryjand 21215-0020	tural F	8	15. Decedent's		Jeles.	16a	Decedent's Usi	ial Occur	ation			16b. Kind of B	uelness/Ind	uetry
715	n n	Completed	(Spacify only highast	grade completed)			(Give kind of w life. DO NOT	ork done	during mos d)	t of workin	9	TOD. KING OF D	2011100371110	uotry
212	the end	HO	Elementery/Secondery (0-12)	5+	1-4or 5+)	-	Attorne	У				Corpora	ate	
b	Hygied other	Be C	17. Fathar's Neme (First, Middle, La	st)					18. Moths	ar'a Name	(First, Middle	, Meiden Sumer	ne)	
/iai	should be filed within nd Mental Hyglene. marked other than "	ToE	Eli Berman						Eliza	abeth	Dubin	baum		
an	2 sho and I is ma		19e. Intorment's Neme/Raietionship	(Type, Print)		19b	. Mailing Addres	s (Street	and Numbe	er or Rural	Routa Numb	er, City or Town,	Stete, Zip	Code)
2	1 and 2 Health am 27 I		Jonathan Berman	(son)		98	04 Culv	er co	ourt,	Kens	ington	, Maryla	and 20	0895
Baltimore,	of He		20e. Method of Disposition 1 ☐ Burial 2 Ă Cremetion 3	□Domeyai from	20b. F	Plece of	Disposition (Nerry, cremetory or	me of other pied	ce)		Data	20c. Location	City or To	vn, Steta
Ĕ	permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other once.		4 □ Donation 5 □ Other (Spe			ınt	Comfort	Cre	mator	v 09/	03/96	Alexand	ria.	Virginia
a	Departi Importu any inf		21. Signature of Funeral Service Lic	001500	11		22. Nama a	nd Addre	ss of Facilit	'yDanz	ansky-	Goldber	g Memo	orial
m	82558		Lean	160	10	ce	Chape.	Ls,	Lnc.,					
-	_		23e. Part 1. Enter tha disease, or co shock, or heert teilure. List or	empilcetions that	caused tha daal	th. Do i	not enter the mo	de of dylr	ng, such as	cardiac or	respiratory a	Marylan rrest,		Approximeta Intervel Between
	Physician		oricon, or rivort tollars. Elector	ny one eeuse on t	adori mid.								1	Onset end Deeth
4	/Medical Examiner		immedleta Cause (Finel disease or condition		STROK	E							12	2 HOURS
п	Examiner		resulting in death)	0.	Due to (d	or as e	consequance of	):						
	po ii	lne		b	ARTER	IO-	SCLEROT	CC CE	EREBRO	VAS	ULAR D	ISEASE	110	YEARS
	cate be executed physician and s the bunal-transit	Examiner	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying		Due to (d	or as e	consequence of	:					1	
90	be ed ician buna	E H	Cause (Disease or injury	c										
68760,	icate be executed physician and s the bunal-transit	edical	thet initiated events resulting in deeth) Last		Due to (c	resec	consequence of)						i	
Box (				d										
ă	atter	clar	D- 411 Od											
P. O.	that the death certif ed by the attending detached for use a	Physician/M	Part ii. Other significant conditions	contributing to d	eath but not res	ulting ir	n the underlying	cause giv	en in Pert I	l.				the cause of death?
S, D	res that igned to be deta	by P	SENILE DEM	ENTIA							10	Yes 2□ No	3 Prob	ably 4 Unknow
5	The iaw requires that the death certif ate has been signed by the attending page 2 should be detached for use a										24a. Was	an autopsy	24b. We	re eutopsy tindings
000	s been si	Completed									perio	omed?	con	npletion of cause
æ	The law ate has page 2	E									10	Yes 20 No	1	]Yas 2□ No
ā		Bec	25. Wes case refarred to medical						28. Pieca	a of Death	(Check only o			
>	yaiclan: is certifica director,	To E	exeminer? 1 ☐ Yes 2 💆 No	Hospital:	Inpatient 2	ER/Ou	tpetient 3 D	OA Oth	or.			dence 6 □Oth	er (Specify	)
0	Attending Physician: r death. ector: After this certific by the funeral director,		27. Mannar of Deeth	28a. Date	of Injury oth, Day Year)		Time ot njury	28c. Injur Wor				how injury occur		
Ö	ttending Ph death. ctor: After th y the funeral	atic	1. Natural 5 ☐ Pending investigat	lon	,,		M		Yes 2□	No				
Division of Vitai Record	or Attendate deat Director:	Certification:	3 ☐ Suicide 6 ☐ Could not detarmine	200. FIECE	e of Injury - At he	oma, fe	rm, streat, facto	ry, office		2	Bt. Location (	Street and Numb wn, State)	er or Rural	Route Number,
	ital or A					•								
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	(Check only 2 Medical Ex	Physician: To the aminer: On the b	best of my kno	wiedge	, deeth occurred	et tha tin	na, data an pinion, dee	d place, er	nd due to the	cause(s) and me	anner es sta and due to	ited. tha cause(s)
	the I the I mplet	Med		and men	ner stated.									
	1 vit	-	29b. Signature and tille of certifier	$\rightarrow \wedge \wedge$		1.0	,		e number			29d. Date signe	a (Month, L	way, Year)
	/		Vau )	00	ME	M		0747	1			AUGUST 2	9, 19	96
	13		30. Neme and address of person wh	o completed caus	se of death (Item	n 23a) (	Type, Print)							

PAUL NOONE, M.D. - 50 W. EDMONSTON DRIVE - ROCKVILLE, MARYLAND 20852

State Registrar 31. Dete tiled (Month, Dey, Year) 32. Registrar's Signatura SEP 0 3 1996



State of Maryland / Department of Health and Mental Hygiene 96 27801

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Vaar 8:50 IDALOUISE BeLINTENDE 30 96 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Holy Cross Hospital Silver Spring Montgomery If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□M 2∰F Months 81 Yrs. Director 578-12-0952 24, 1915 Washington DC Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. insida City Limits the Maryla 1 ☐ Yas 2 ₺ No Directo Maryland | Montgomery Silver Spring 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? then "natural", or items 23s or the Medical Examinar must be r 1316 Fenwick Lane, Apt. 1301 20910 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Biack, Whita, atc. 72 hours after 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: ρ Specify: White 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry filed within Elamantary/Secondary (0-12) Hygiene. Coilaga (1-4or 5+) 12 Secretary Office Management 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Sumama) Pages 1 and 2 should be fitted the ment of Health and Mental Heart II ham 27 is marked oth lury or other traumatic event William Sauter Bertha Kenny 2 19a. informant's Name/Raiatlonship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mary Louise Merchant 9403 Warren Street, Silver Spring, Maryland 20910 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from State Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Gate of Heaven Cemetery 9/4/96 Silver Spring, Maryland 21. Signatura et Funarai Sarvice Licensas 22. Nama and Addrass of Facili Francis J. Collins Funeral Home, Inc. 23a. Part1. Enter the disaase of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 500 University Blvd.W. Sil. Spr. MD, Approximata Intarval Batween Onset and Death Physician /Medical immediate Causa (Final arterioscle notec HearT disaasa or condition rasulting in death) Examiner Examiner 13 (sedino stro unta physician and the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or injury that initiated events resulting in daath) Last Dua to for as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): 88 980 ö signed by the a Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee No 3 ☐ Probably 4 ☐ Unknown lett ctured Hip à 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Deen page 2 s 1□ Yas No 1 ☐ Yas 2 ☐ No certificata Attending Physician: Be 25. Was case ratarred to medical 26. Piaca of Deeth (Check only ona) examiner? 1 Byas 2 No Hospital: Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 this funeral 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? Injury 5 Panding invastigation 1 Natural of or Attending after death. Director: After June 496 1 Yas 2 No 2 Sulcidant 3 Sulcida 75 Je 11 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify)
Sens. - Citizens He 28f. Location (Street and Number of Rural Routa Number City or Town, Stata) 4 Homicida 1316 FENWICK LANE Home 24 hours a Hospital edical 29e. Cartifiar 1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, deta and piaca, and dua to the causa(s) and mannar as stated. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medicat Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) D08546 TL 12 30. Nama and addrass of person who completed cause of death (item 23e) (Type, Print) Dehas ( au ber 8218 LOQ Bothsde W. S Con Smy 31. Data filed (Month, Day, Year) P. Registrar's Signature State SEP 0 3 1996 Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** RAYMOND BOYD 29, August 1996 3:20 a.m /Medical 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Montgomery General Hosptial Olney MONTGOMERY 8. Date of Birth (Month, Dey, Year) Feb. 3, 1940 If Undar 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (Stata or Foreign Country) **Funeral** Months Deys Hours 125M 2□ F 215-34-2582 56 Director Wash. Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Montgomery Director 1X Yes 2 No Sandy Spring 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? r than "natural", or items 23s or the Medical Examiner must be r 18506 Chandlee Mill Road 20860 U.S.A. Funeral 12. Was Decedent Ever In U.S. Armed Forcas? 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, etc. 1 ☐ Yas 2∰No If Yas, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ZNo Specify: Specify: Black ð 3 ☐ Widowed 4 ☐ Divorced Yeer or Detas: Completed 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry d 2 should be filed within 72 th and Mental Hygiene. 7 is marked other than "na if Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Truck Driver None 17. Father's Name (First, Middle, Last) 18. Mother's Nema (First, Middla, Meiden Sumema) Benjamin Mason Lottie Boyd 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pages 1 and 2 at Department of Health and Important: If them 27 is n any injury or other traun once. Lottie Rozier (Mother) 7521 Blair Rd., Takoma Park, MD 20912 20b. Pleca of Disposition (Neme of cematary, crematory or other plece) 20c. Location - City or Town, Steta 20e. Method of Disposition Date 1 XBurial 2 Cremetion 3 Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Ash Memorial Cemetery9/3/96 Sandy Spring, MD 21. Signature of Funeral Service Ligensee 22. Name end Address of Facility SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 ROCKVILLE, MD Part : Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or head failure. List only one cause on each line. **Physician** Immediate Cause (Finel disease or condition resulting in deeth) /Medical SHAPA Sepsis 7 DAYS **Examiner** Due to (or es a consequence of) Examiner physician and the burial-transit the death certificate be axecuted Sequentielly list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequença of): Box 68760. Physician/Medical Due to (or as a consequenca of): as 980 õ P.0. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Draberes Melleries Renal FAILUNE Records. þ 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy certificate has 1 Yes 2 No 1 Yas 25 No Division of Vital funeral director, 25. Wes case referred to medical examiner? B 26. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) L_o 1 Tyes 2 No 1 Impatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 26d. Describe how Injury occurred Certification: 5 Pending 1 Naturel death. invastigation 1 ☐ Yes 2 ☐ No or Attendiation of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the description of the descripti 2 Accident 6 Could not be determined To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 3 Suicide 26f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, end due to the cause(s) end manner as stated. Medical (Check only one) 2 Medical Examinar: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date and pleca, end due to the cause(s) end manner steted. 29b. Signature end titla of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Barry Deel M.D. AUGUST 29, 1996 D19192 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) BARRY HECHTIMID. 3941 FERMANA DRIVE WHEATON, MD 2090L 31. Dete filed (Month, Dey, Yeer) 32. Registrer's Signeture State Irelia Davidson Registrar SEP 0 3 1996

**DHMH 16 Rev 6/95** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020

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4 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1.2	flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	niner must be notified at once.
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		1 - STATE STATE REGISTRAR	OF MARYLAND / DEPAR	RTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)		G	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	1	4. SOCIAL SECURITY NUMBER 5. SEX	6 405 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Cannon	September 15,1990						
pinc		220-26-1004 12M2	4	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	11-09-1928	Country) State or Foreign					
1, 2, 3 should	TOR	PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  WICOMICO									
nit. Pages 1	DIRECTOR	106. STATE 106. COUNTY		10d. INSIDE CITY LIMITS? 1  YES 2 NO							
ransit perr	FUNERAL	P.O. BOX 54 EDEN	Allen RD	101. ZIP CODE 2/82	2	N OF WHAT COUNTRY?					
the burial-transit permit, Pages	BY	1 Never Married 2 Merried FORCE	CEDENT EVER IN U.S. ARMED 5? 1 X YES 2 NO GIVE WAR OR DATES	If yes, specify Cuben, Mexica	MS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, White, etc. Specify: Black						
use as	ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDUS	STRY					
\$	COMPLET	Elementary/Secondary (0-12) College (1-	4 or 5 +)	aborer	Indus	trial					
d be detached d at once.	TO BE CO	17. FATHER'S NAME (First, Middly Lest)  SCAR (annon	Sr.	18. MOTHER'S NAI	ME (First, Middle, Meiden Surneme)	MAG					
director, page 5 should er must be notified		Namo: Morris	ID - 6	ADDRESS (Street and Number or Ruffl F	Noute Number, City or Town, State, Zip Co	ode)					
must be		20a METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Removal from St  4  Donetion 6  Other (Specify)	ate 20b. PLACE AND DATE completely, prematory or of	OF DISPOSITION (Name of	OATE HOLLOCATION - CH	y or Town, State					
ne funeral di al. examiner		21. SIGNATURE OF THE MAL SERVICE LICENSEE	rand		HLITY	21000					
physician and completely filled in by the funeral ne prior to burial, cremation, or removal, ler traumatic event, the medical examin-	RTIFICATION	23. PART I. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one couse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Oue To (or As A conscouence of):  DUE TO (or As A conscouence of):  DUE TO (or As A conscouence of):									
Hygier Or oth	u l	0									
been signed by the after pr. of Health and Mental 3 shows any injury, (	MEDICAL C	PART ii. Other algnificent conditions contribut	ing to deeth but not reaulting	in the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
has bee Dept. o 23 sh	ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN									
	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
the the	1YS		nt 2 ER/Outpatient 3 DOA	4 Nursing Home 5 Residence							
After this c death with s marked,	ВУ Р			E OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	REO :					
after d	8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office City or Town, Stete) 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)									
1 N =	COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
TO THE FUNERA  De filed within 7  IMPORTANT: I	B	296. SIGNATURE NID OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNEO (Morrity, Day, Year)  9/15/96									
	10	30. NAME AND DO LESSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  JOSEPH C. CRASSO 145 E. CHRROLL ST SALISBURY MD									
		SEP16 1996 Julia d'Aurele	GISTRAP'S SIGNATURE								

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30. NAME AND ADDRESS OF PERSON

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DATE FILED (Mor

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO PECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 ottman 1435 eptember 4. SOCIAL SECURITY NUMBER BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 215-16-3540 3 HOURS 1 M 2 - F YRS. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY CITY, TOWN OR LOCATION 10d. INSIDE CITY MD OMERSE Rincess permit. 1 YES 2 NO 100. STREET AND NUMBER FUNERAL CODE 10g. CITIZEN OF WHAT COUNTRY? 2185 KDONE page 5 should be detached for use as the burial-transit U.S retained by the hospital or attending physician. . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 KNO Specify: 1 Never Merried 2 Merried Spectly: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) MinistER condary (0-12) College (1-4 or 5 +) D LaborER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First homAS notified at BE ottman mando 19b. MAILING ADDRESS (Stre 2 Backbone Ω MD 21853 Douth 8 Pe may METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremetion 3 Rer MAY45 Missonaly director, □ Donation 8 □ Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICEN examiner ANThony E. WARD + funeral Home Princess Hampden 30639 MD 21853 E e medical 23. PART I. Enter the dis esea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock OF A ert fellure. List only one ceuse on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition Wiema npletely week traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) n and comp to burial, c Earling 26 Diahon Ren CERTIFICATION Sequentially list conditions, If any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disesse or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 6 shows any Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Urosepses COMPLETION OF CAUSE 1 TES 2 NO oroprovasauta (Seciety 1 YES 2 NO Deen 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item certificate h HOSPITAL 1 Inputient OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED with with marked. 1 Naturel 5 Pending M 1 YES 2 NO BY After 1 Accident 2 28e. PLACE OF INJURY — At home, farm, atrest, fectory, office building, atc. (Specify) Suicide . DIRECTOR: A 100 3 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Nomicide determined tem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the death occurred at the time, date end place, and due to the cause(s) end manner as stated. THE HOSPITAL (
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filed within 72 ho TO THE FUNERAL TO THE FUNERAL TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO THE MATCH TO T (Check only one) 2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIC 29c. LICENSE NUMBER 29d. DATE SIGNED Whim. Ow BE

ran H.D

WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

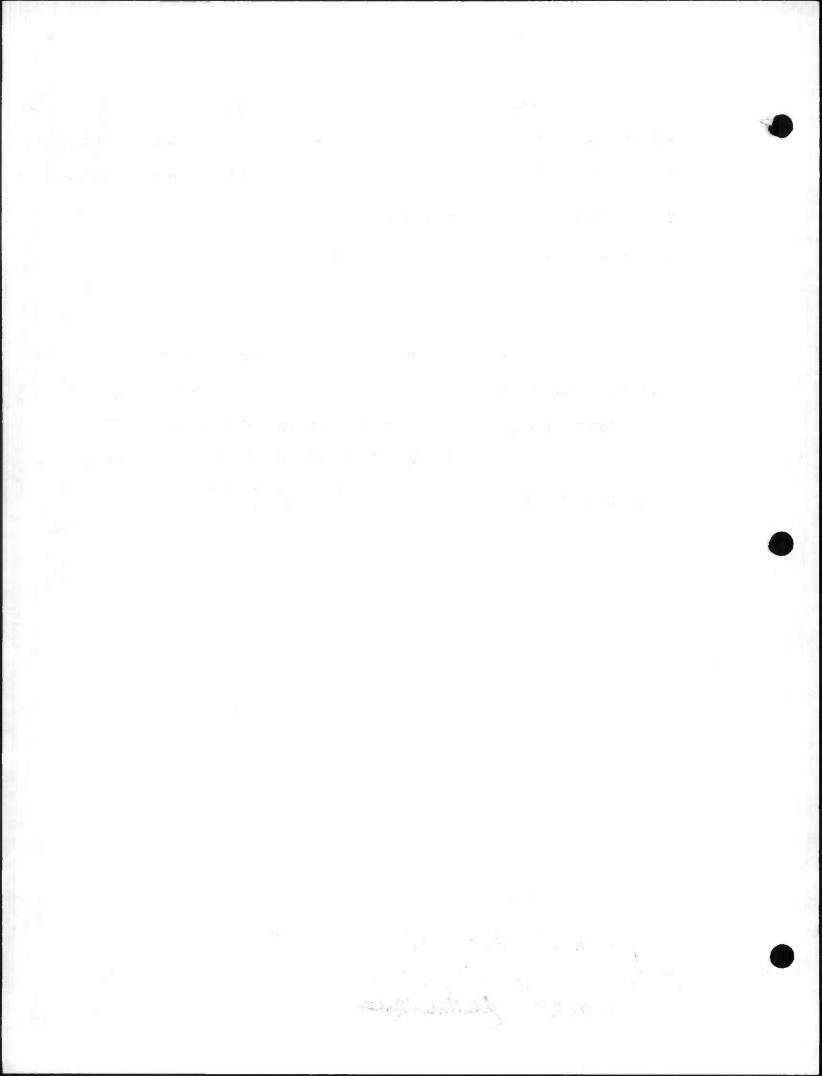
32. REGISTRAR'S SIGNATURE wolson Randall

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State of Maryland / Department of Health and Mental Hygiene 96 27806

						Ce	rtificate	e of	Death		F	leg. No.		_ , 0 0 0	
	Physic	ian	1. Decedent's Name (First, Middla, L								2. Deta of Dea	th	Year	3. Time of Deeth	
/Medic			VIVIAN HENRY CORRELL						AUG.			31 1996 Yea		12:45 pm	
5	Examine		4a. Facility Nama (If not institution, give street and number)						4b. City, Town, or Location			4c. County			
			ANNE ARUNDEL MED	ICAL CENT	ER				ANNAPOLIS ANNE ARUNDEL					EL	
	Funeral Director		5. Social Security Number 8. 242-14-1310	Sax 7. 1 ☑ M 2 ☐ F	Age (In yrs. las	st birthday Yrs.		Days		Min.	8. Dete of Birth (Month, Day AUG • 17	Year) 1918	9. Birthp Coun NORT		
	р ,	1	Usual Residence of Decedent		10.00										
	e Maryla Ra-f show	Director	MARYLAND ANNE AR	UNDEL	10c. City,	APOLI							1	0d. Inside City Limits 1 X Yes 2 □ No	
	15 P	Oire	10e. Street and Number				10f. Zip (	Coda			1	0g. Citizen of	Whet Coun	itry?	
21215-0020	23a		13 LINCOLN PARKW	AY			21	401	Ĺ			US			
	7.72 hours after death with the Manyland "natural", or Nems 23a or 28s-f show idical Examiner must be notified at	by Funeral	11. Marital Stetus  1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decede Armed Force 1 12 Yas 2 If Yes, Giva Yaar or Dete	es? □ No	13.	Was Decede If Yas, speci 1 ☐ Yes 2				ecify Yes or No- Rican, etc.)	14. Red Ble Specif	ce - Amaric ck, Whita, y:		
Ö	2 hox	8	15. Decedent's	Education		16e. Dece	dant's Usuei	Occu	pation			16b. Kind of B	usiness/Inc	dustry	
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bu	be filed ttal Hygid d other avent, tt	Be	17. Fether's Nema (First, Middle, Las	t)	- **				18. Motha	ar's Name	(First, Middle,				
<u>la</u>		To	HENRY ALEXANDE	R CORRELL	,					BER	THA BYE	RS			
Maryland	& SEE		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meil	ing Address	(Stree	end Numbe	er or Rura	al Route Numbe	r, City or Town	Stete, Zip	Code)	
	ロ語の子		MARY A. CORRELL	(WIFE)		13 L	INCOLN	I PA	RKWAY	ANN	APOLIS,	MD. 21	401		
ore			20e. Method of Disposition		000		osition (Nem		ice)		Date	20c. Location	- City or To	wn, State	
Ĕ	Pages nent of mt: # ite		1 ☑ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec				VETERA			RY 9	/5/96	CROWNSV	ILLE,	MD.	
Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Funarel Sarvice Lice	ensee			2. Name and				RTUARY,	P.A.			
			Larry Digge	ese		8	21 WES	T S	ST. AN	NAPO	LIS. MD	. 21401			
	•		23e. Part1. Enter the disaese, or co shock, or heert fallure. List onl	one ceuse on each	h line.	Do not an	ter the mode	or dy	ng, such es	cardiac d	r respiratory an	est,	1	Approximete Interval Between Onset end Death	
)	Physician /Medical Examiner		Immedieta Cause (Finel disease or condition rasulting in deeth)	e	wint	ty	Failw	V						hovi	
	pe sit	Examiner		b	whil	W Stones	Supplied of ):	51.	S					Day!	
oʻ	icate be axecuted physician and s the burial-transit		Sequentielly list conditions, if any, leading to immadieta cause. Enter Underlying Ceuse (Disaase or Injury	P	Due to (pr a	s a conse	nene oh:	Un	holo	m	11/	feet	a	DAMI	
68760,	ertificate be axecuted ling physician and se as the burial-transit	Medical	Couse (Disease or Injury that initieted avents resulting in deeth) Last  Due to (or as a consequence of):									N WOOL			
Box	0 65	lan/N		d											
0	that the death ed by the atter detached for u	Physician	Part II. Other significant conditions	contributing to deat	h but not resulti	ing in the u	inderlying ca	use gi	ven in Pert I		23b. Did to	obacco use co	ntribute to	the cause of death?	
٣.	that the ed by detac		c/7					1□			Yes 2 No 3 Probably 4 1				
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Records,	v requires been sign should be	Completed	VM							24a. Was an autopsy performed?				24b. Wara autopsy findings available prior to	
ec	BW 1s b	ple	GS	(1)									of o	mpletion of cause death?	
	E SE	Co									1 🗆 Y	as 20 No	10	Yas 22 No	
<u>=</u>	yalclen: The is certificate director, pag	Be	25. Wes case referred to medical examiner?						28. Plece	of Death	(Check only or	10)			
of Vital	00	2	1 ☐ Yes 2 ☐ No	Hospitel: 1 ☐ Inpe	atient 2□EF	R/Outpatie	nt 3 DO/	Ot	har: 4□ Nu	irsing Hor	me 5 Reside	ence 8 DOth	ner (Specify	y)	
	Affer th funeral	ii o	27. Menner of Deeth 1 ☑ Natural 5 ☑ Panding	28e. Data of I (Month,	njury 21 Day Year)	8b. Tima o	of 28	c. Inju Wo	ry et rk?	1	28d. Describe h	ow Injury occur	red		
VISION Attanding r death. pctor: After	uttendii death. ctor: A y the fu	Certification:	2 Accident investigation M 1 Yas 2 No												
Division	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral		3 ☐ Suicide 4 ☐ Homicida  8 ☐ Could not be determined  28a. Place of Injury At homa ferm, street, fectory, o building, etc. (Specify)				office 28f. Location (Street and Number or Rural Route Number, City or Town, Steta)								
	the Hospital hin 24 hours of the Funeral upletely filled	edical (	(Check only 2 Medical Exa	hyalclan: To the be miner: On the basis	st of my knowie	edge, deet	h occurred at	t the ti	me, dete and	d plece, e	and due to tha c	ausa(s) and me	anner as st	ated.	
	the the	Med	Grief)	and manner	stated.					3			1		
	Vitt Con	-	29b. Signetura and this of certifier	1 / 1/1/1	Inn	217	29c.	Lican	number 71	V	2	9d. Date signe	14	Day, Year)	
			PIVVVVVI	VIV	191	110	1	13	110	0		8/3//6			
			30. Neme and eddrass of person who	completed cause of	f death (Item 2	3e) (Type,	Print)	1	011	/	NA - 011 -	t di	1111	1	
			ICIUNDAD (DL	GION MY	60	1/1/	DEC.	/	MA C.	/ V/	NNPPULI	10	UYD		
	Sta	te	31. Dete filed (Month, Day) Year)	0C 32. B	star's Planatur	· 30	1.00								

Registrar



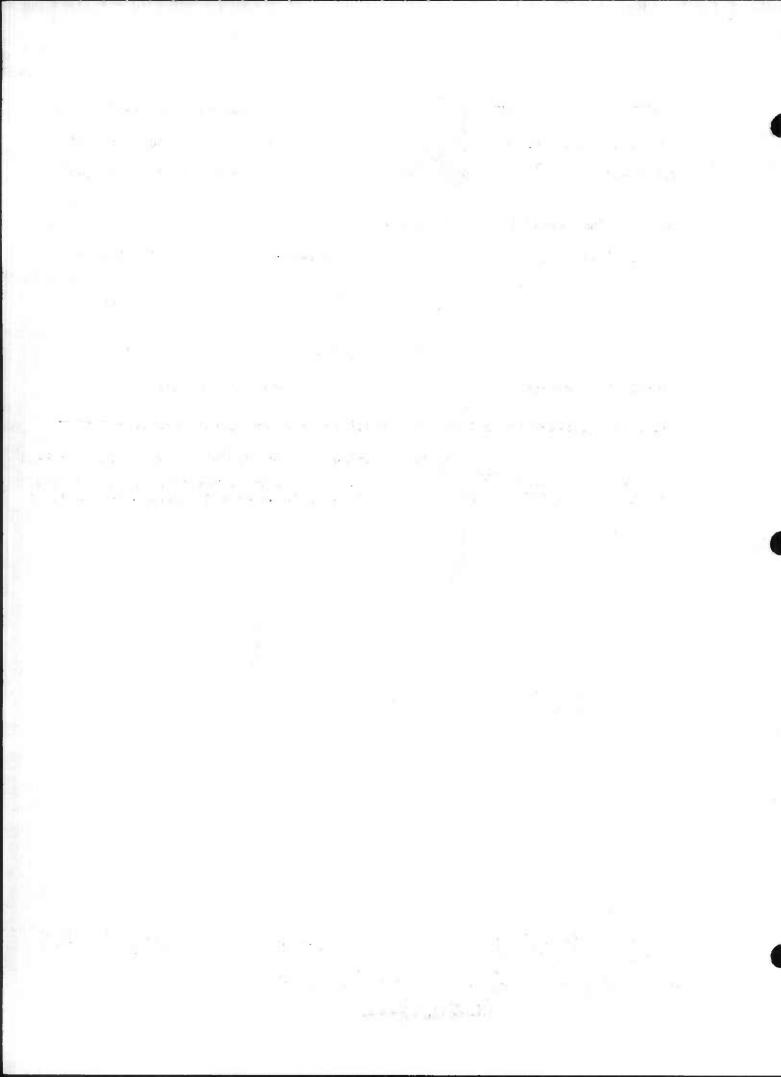
State of Maryland / Department of Health and Mental Hygiene

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						Certificate of	Death	R	eg. No.	0 21001
	<b>3</b> 11-1		1. Decedent's Nema (First, Middle, Last,					2. Dete of Deet Month	h	3. Tima of Death
	Physici Medic/		John R	Carrig	an			August		96 11AM
	Examir		4e. Facility Name (If not Institution, give	street and number)			4b. City, Town, or	Location of Death	4c. County of	Death
			808 Chesapeake A	venue			Annapol		Anne	Arundel
	uneral rector		5. Sociel Security Number 6. Security Number 216-22-2754  Usual Residence of Decedent	XM 2DE	68 Y	dey) If Under 1 Yaar Months Deys	Hours Min.	8. Data of Birth (Month, Dey, Sept 9	Year) 1927 N	B. Birthpleca (State or Foreign Country) Maryland
anyland	ahow d.et	L .	10e. Stete 10b. County		10c. City, Town	or Location				10d. Inside City Limits
M M	P S S	Director	MD Anne Aru	ndel	An	napolis				1 ☐ Yes 2 ☐ No
tith ti	07.2 20.00	급	10e. Street end Number			10f. Zip Code	2.	1403	0g. Citizen of Wh	
ath v	234	ral	#4 Sausilito Cou				LITUI		United	
5-00/20 72 hours after death with the Maryland	important: If from 27 is marked other than "natural", or froms 23s or 28s-f show my injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral	11. Merital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1X Yas 2 □ N If Yes, Give Yeer or Datas:		<ol> <li>Was Decedent of I If Yes, specify Cub</li> <li>Yes 2 No</li> </ol>		pecify Yas or No- o Rican, atc.)		Amarican Indian, Whita, atc.
2 Pg	Sali	Pa	15. Decedent's Edu	cation	16e. [	Decedent's Usuel Occup	pation		16b. Kind of Busi	
vithin 7	C Marie	Completed	(Specify only highast grade Elemantery/Secondery (0-12)	completed) College (1-4or 5	4)	Give kind of work dona life. DO NOT use retire	during most of word)	king		
nd 212 e filed with el Hygiene.	the state	mo.	10	College (1-4015		oduction/P	rinter		Printi	ing
e filed	vent	Be	17. Fathar's Neme (First, Middla, Last)				18. Mother's Ner	ne (First, Middle, M	Aaidan Sumama)	
arylan should be nd Mentel	arked affice	To	Harold M. Carrig	an, Sr.			Miri	am M. Co	oper	
2 she	E E		19e. Informant's Name/Reletionship (Ty		1	Meiling Address (Street				
ballumore, Maryland 21215-0020 semit. Papes 1 and 2 should be filed within 72 hours at appartment of Heelth and Mentel Hygiene.	If item 27 or other tr	0	Patricia Carrigan  20e. Method of Disposition  XXBurial 2 Cremation 3 CR		20b. Plece of Cematary	Disposition (Neme of , cremetory or other ple	ce)	Data	20c. Location - Ci	ity or Town, Steta
Pag.	in the		4 ☐ Donetion 5 ☐ Other (Specify)	-0-	Marylan	d Veteran				ille, Maryland
permit. Pag Department	any in		21. Signature of unerel Sarvice Licental	X S	-	147 Duke	ess of Facility ohr of Glouce	M. Taylester St.	or Funer Annapol	cal Home, Inc. Lis, MD 21401
	sician	-	Fart1. Enter the diseese, or compli shock, or heart feilure. List only or				ng, such as cardiad	or raspiratory arre	est,	Approximate Interval Between Onsat and Death
	edical miner		Immediate Cause (Finel disaasa or condition	CK	Unshot	wound				
LAH			resulting in death)	71	Due to (or es a co					
D	# S	in e								
tificate be executed	ng physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or es e co	ensequence of):				
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bet the	X 0	by Physician/	Pert II. Other significant conditions con	tributing to death bu	t not resulting In	the underlying cause gi	ven in Pert I.	23b. Did to		ibuts to the causs of death?  Probably 4 Unknown
w requir	es been signi	Completed b						24a. Was ar perform		24b. Were autopsy findings available prior to completion of cause of death?
e e	page	Son						1□ Ye	s 20 No	1 Yes 2 No
- Te	s certificate he director, page	Be	25. Wes case raferred to medical exempler?				26. Plece of Dee	ath (Check only one	B)	
- 5 .	dire	To	1 ✓ Yas 2 No	ospital: 1 Inpatier	nt 2 ER/Outp	attent 3LI DOA		oma 5 Reside	nce 6 Othar	(Specify)
	After thi funeral		27. Menner of Deeth 1 ☐ Netural 5 ☐ Pending	28a. Dete of Injur (Month, Dey		ne of 28c. Injury	ry et rk?	28d. Describe ho	w injury occurred	
Attending or death.	or: A	Sati	2 ☐ Accident Investigation				Yes 2 □ No			
2 2 2	al Director: led in by the	Certification:	3 ☑ Suicide 6 ☐ Could not be determined	28e. Plece of Inju building, etc	ry - At home, fem . (Specify)	n, street, fectory, office		28f. Location (Sti City or Town		or Rural Route Number,
To the Hospital of within 24 hours e	To the Funeral Director: After completely filled in by the fune	edical			examinetion end/	deeth occurred et the til or Investigetion, in my o				
Lo X	COUL	Σ	29b. Signeture and tota of certifier  Bugg	MA		29c. Licens Di	28640	25	ed. Dete signed (	Month, Dey, Year) 1 30, 1996
,			30. Name and address of person who co	mpleted carges, of de	ath (Item 23e) (T	ype Plint) tan	11. 21112	?	0	
			JUIL STENENTY COLO	w upul	UL	JOURNATUI N	in alli			

State Registrar 31. Data filed (Month, Dey, Year) SEP 0 4 1996



State of Maryland / Department of Health and Mental Hygiene 96 27808

						Certificate of	f Death		Reg. No.		
			1. Decedant's Name (First, Middle, I	ast)				2. Date of De		The CLE	3. Time of Death
	Physic		Carroll De	ean Cox				Month Aug.	31, 19	Year Q.6	12:00pm
	/Medi Exami		4a. Facility Name (If not institution, g				4b. City, Town, or L				12:00pm
7	Exami	ner						HICKORGAN	18. 18.00		
_			806 Mill Cree  5. Social Security Number 8.		In yrs. lest birtho	fev) If Under 1 Yea	Arnold ir If Under 24 Hrs.	0 D-4(Di-			indel
	Funeral	_		1 DM 2 F		Months Day		(Month, Da			place (Steta or Foreign ntry)
	Director		217-30-4274 Usual Rasidance of Decedant	**	6 2 Yr	3.		June 1	4 1934	MD	
	P		10a. State 10b. County	1	Oc. City, Town o	r I ocation					10d. Inside City Limits
	anyle eho	-	100.000,		00. 0Ny, 10M10	Location				'	
	No M	5		Arundel	Arnol	i					1 ☐ Yes 2/☐ No
	or 2	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \	What Cour	ntry?
	th w	10	806 Mill Cree	k Rd.		2101	2		USA		
	dea F	Funeral	11. Marital Status	12. Was Decedant Eve Armed Forces?	er in U,S.	13. Was Dacedant of	Hispanic Origin? (Sp ban, Mexican, Puarto	ecify Yes or No	- 14. Rac		can indian,
0	A P	교	1 Never Married 2 Married	1 ☑ Yas 2 ☐ No		1 □ Yes 2X N		nican, acc.		ck, White,	atc.
8	72 hours after death with the Maryland natural; or items 23s or 28s-f show deal Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates: K	orean	TLI Yes 201N	о Ѕреспу:		Specify	Whi	te
21215-0020	2 ho	Completed	15. Decedent's	Education	16a D	ecedant's Usuai Occ	upation		16b. Kind of Bu		
2	n n	ple	(Specify only highest g		- (C	aive kind of work don fe. DO NOT use retii	e during most of worl red)	king			
21	iene i	E	Cientalitary/Secondary (0-12)	College (1-4or 5+)	E14	ectricia	n		The Ba	ltir	more Sun
D	H H H	O	17. Fathar's Name (First, Middle, Las	st)	22.	COLLICIA	18. Mother's Nam	e (First, Middle,	, Meiden Suman	na)	
an	ad be	Be C	George	Cox			Erma				
2	d Mer	2	19a. Informant's Name/Relationship		10h h	Initian Address (Ctan	et and Number or Rus		ningto		0-4-1
Maryland	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haalth and Mental Hygiene. Important: if Nem 27 is marked other than "natural", or Nems 23a or 28a-f show simportant: if Nem 27 is marked other than "natural", or Nems must be notified at once.				1						,
9	and Haalt		Helen Cox, wi	.re			reek Rd.				
0	T Ke		20a. Mathod of Disposition 1  Buriai 2  □ Cramation 3	Removal from State	cematery,	isposition (Nema of cremetory or other p	lace)	Date	20c. Location -	City or To	wn, Stata
Baltimore,	Pag ment:		4 ☐ Donation 5 ☐ Other (Spec		Marvla	and Vete	ransCem	9/4	Crowns	vil1	e. MD
alt	Porty Port		21. Signature of Furneral Service Lio	onsee		22. Nama and Add	rass of Facility				
m	88 5 5 8		16000	6767			o & Sons				
		-	23a. Part1. Entar tha disaase, or co	mplications that caused th	e death. Do not	495 Rit	chie Hwy	Sever	na Par	k - M	D. 21146 Approximate
			shock, or heart failure. List on	y one cause on each line.	0 000011. 00 1101	one the mode of e	yang, soon as oardieo	or raspiratory a	11631,		Interval Between Onset and Death
	Physician /Medical	L	Immediate Causa (Final	^						1	11
	Examiner		disease or condition resulting in death)	a	FRCI	nons	2150				3 Money
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	چ. و	i.		15/80	Iden	CAN	Cer			1	/ Yean
	eath certificate be assouted attending physician and for use as the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate		e to (or as a cor						
68760,	e ax		cause. Enter Underlying Cause (Disease or injury							l i	
376	nysic he b	edical	that initiated events resulting in death) Last	CDu	e to (or as a con	sequance of):					
9	as the	P	resoluting in death) Last							į	
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o.	that the de ed by the detached	Physician	Part II. Other eignificant conditions	contributing to death but i	tot rasutting in tr	ie underlying cause g	iven in Part I.				o the cause of death?
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Record	v require been si should	Completed						24a. Was perfo	an autopsy med?	avi	are autopsy findings aliable prior to
9	has b	ple								of	mpletion of cause death?
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Vital	iclan: The certificata rector, pag	Be	25. Was case referred to medical				26. Place of Deal	th (Check only o	nel	L	
>		0	axaminer? 1 ☐ Yas 2 ☐ No	Hospital:	2 ER/Outpa	atient 3 DOA	ther		dence 8 □Oth	or (Consider	54)
o		T:T	27. Manner of Death	28a. Date of Injury	28b. Tim	-			how injury occur		<i>y</i> )
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2	or Att	in.	4 ☐ Homicide determine	building, etc. (	Specify)	, street, factory, office	•	City or To	vn, Stete)	er or Hura	al Route Number,
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	t hou	edicai	29a. Certifier 1 Certifying P	hyeician: To the best of number: On the basis of ex	ny knowledge, d	eath occurred at that	tima, data and place,	and due to tha	cause(s) and ma	inner as st	tated.
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	-	450	31. Date filed (Month, Day, Year)	32. Registrar's				0 0	-		
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State of Maryland / Department of Health and Mental Hygiene 0.6

					Certi	ficate of	Death		Reg. No.	0	21009
П	Physic	ian	Decedant's Name (First, Middla, Last)					2. Data of Date Month		Year	3. Time of Death
J	/Medi		Margaret Peyto	n Calver	t Coll	.ett		Septemb		96	11PM
	Exami		4a. Facility Name (If not institution, giva street and n				4b. City, Town, or L	ocation of Deeth	4c. County	of Deeth	
			Ginger Cove Health Car	e Center			Annapo		A	nne A	Arunde1
П	Funerai		5. Social Security Number 6. Sex	7. Aga (In yrs. las	A	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Deta of Birt (Month, Da)	h v, Year)		iace (Stata or Foreign
e.	Director		370-24-2319 A	83	Yrs.			Feb 17	1913		ington, D.
	pu M.		Usual Residence of Decedent  10a. Stata 10b. County	10c. City.	Town or Local	tion				1	0d. Insida City Limits
	Aeryt	5								,	1 ☐ Yes 2 ₹ No
	28a-	Director	MD Anne Arunde1  10e. Street and Number		Annap	OLIS 10f. Zip Code		1	10= Chinas of L	Affron Cours	**
	with po a	ā	2107 River Crescent Dr		:	Tot. Zip Code	21401		10g. Citizen of V		
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020	P	by	3 ☐ Widowed 4 ☐ Divorced If Yas, G Year or	iva	1□	Yas 2∭No	Specify:		Specify	Whi	te
21215-0020	be filed within 72 hours effer death with the Meryland ital Hyglene. Id other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at		15. Decedant's Education		16a. Deceden	t's Usual Occup	pation		16b. Kind of Br	usinass/inc	dustry
215	within 7 lene. than "n	Completed	(Specify only highest grade complated Elemantary/Secondery (0-12) Collega	(1-4or 5+)	(Giva kin lifa. DO	d of work done NOT use retired	during most of work d)	ring			
21	d wit	PO	1	(1 401 04)	Ног	memaker			Hon	ne	
2	al Hygic other	Be	17. Father's Nema (First, Middla, Last)				18. Mothar's Nam	a (First, Middle,	Maiden Sumen	10)	
yla	should be fand Mental I	10	George Calvert , Jr.				Cornel	ia Peyt	an.		
a	2 sho		19a. Intormant's Name/Reletionship (Type, Print)				and Number or Rui	ral Routa Numbe	r, Clty or Town,		
2	end n 27		James D. Collett-Husba				rescent D	rive Ann	napolis,	, MD	21401
ore	of Hear		20a. Mathod of Disposition	20b. Pla	ce of Dispositi netery, cramat	on (Nama of tory or other pla	ce)	Date	20c. Location -	City or To	wn, Stata
Ē	Pa ment my		1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from 4 ☐ Donalion 5 ☐ Othar (Specify)	Met	ropoli	tan Cre	matory 9/	5/96			Virginia
Baltimore, Maryland	permit. Pages 1 and 2 should by Department of Heelth and Menta Important: if Item 27 is marked any Injury or other traumatic ev price.	(	21. Signature of Funeral Service Licensee	11 -	22. N	leme and Addre	ess of Facilifyohn	M. Tay	lor Fune	eral	Home, Inc.
ш	20189	)	Many of Just	~	14	7 Duke	of Glouce	ster St	. Annapo	olis,	MD 21401
			23a. Part1. Enter the diseese, or complications that shock, or haart tailura. List only on the second	caused the deeth.	Do not antar t	tha moda of dyir	ng, such as cardiac	or raspiratory ar	rast,		Approximata Intervel Between
Я	Physician			i d						1	
и	/Medical		Immediate Cause (Finel disaesa or condition	Wide	g N	rexas	Tabu 1	Greup	Conc	u	Sotylus
	Examiner		rasulting in death) e.	Due to (or e	s a conseque						0
	p #	lue	<b>a</b> b							1	
	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burte-transit	Examiner	Sequentially list conditions,	Due to (or a	is a consequa	nce ot):					
60,	clan clan		Sequantially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Diseasa or injury c.								
68760,	phys the	Aedicai	that initiated events rasulting in death) Last	Dua to (or a	s a consequar	nce ot):				1	
	ding	Me	d							i_	
Bo	atten for u	clan									
o	v requires that the death ce been signed by the attendir should be detached for use	Physician/	Part II. Other eignificant conditions contributing to o	A - 0		orlying causa giv	0	A	1	ntribute to	the cause of death?
۵.	that the ed by deta		HASCVD 1 1	+ FIB	5	My Mai	Hay rod	10	08 2 No	3 Prot	bebly 4 Unknown
OS	sign d be	d by				1		24a. Was	an autoney	24h Wa	ara autopsy tindings
Ö	been	lete							med?	ave	silable prior to mplation of cause
Re	hes hes	Completed									death?
<u>a</u>	icate							1 D Y	as 2 No	1 🗆	Yas 2 No
Ĭ	siciar certif recto	Be C	25. Wes casa ratarrad to medical examiner?  Hospital:			of post Oth	28. Piece of Deel				
ō	Physical distribution	: To	TEL TAS ZEVINO		R/Outpatient 8b. Tima ot	3LI DOA	412 Nursing Ho	oma 5 Rasid			9
Division of Vital Records, P.O. Box	ding h. After fune	tion	Natural 5 Panding (Mo	of Injury oth, Dey Year)	Injury	28c. Injur Wor M 1 🗆	rk? Yes 2 □ No	EUG. DUSCHDU I	ow injury occur	. 60	
S	Attending Physician: or death. octor: After this certific by the funeral director,	Certification:	a Dalitt Could at he	e of Injury - At hom	e. term. streat			28f. Location (S	treet and Numb	er or Rura	I Routa Number.
2	after Dire d in b	erti	4 Homicide	e of Injury - At hom ling, atc. (Spacify)		, , , , , , , , , , , , , , , , , , , ,		City or Tow			
	spita sours seral		29a. Cartifiar Certifying Physician: To th	a best of my knowle	edga, daath oo	courred at the tir	me, dete end placa.	and dua to the	ause(s) and ma	nnar es st	ated.
	To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	edical	(Check only 2 Medical Examinar: On that	easis of axaminetion	n end/or invas	tigation, in my o	pinion, daeth occur	red at the tima,	data and place,	and due to	the causa(s)
	To the Vithir Young	M	29b. Signeture and title of certifier	) /		29c. Licens	a number	1	29d. Date signe	d (Month, I	Day, Year)
		9	MMCV X	enta	W	D21	L438		Septemb	er 4	, 1996
			30. Nama and eddrass of person who complated cau	sa of death (Itam 2	3a) (Type Pri	nt)			1		
			Michael J. LaPenta, M.D.				napolis,	MD 21/0	1 (410-	268-0	755)
	Sta	te	31. Data filed (Month, Day, Year) 32.1	Registrar's Signatur	ra		maports,	IID 2140	1		
	Registr	_	SEP 0 6 1996	Julia David	son Rand	lette					
DH	MH 16 Rev 6/9:	5	2FL 0 0 1330	0							

DHMH 16 Rev 6/95

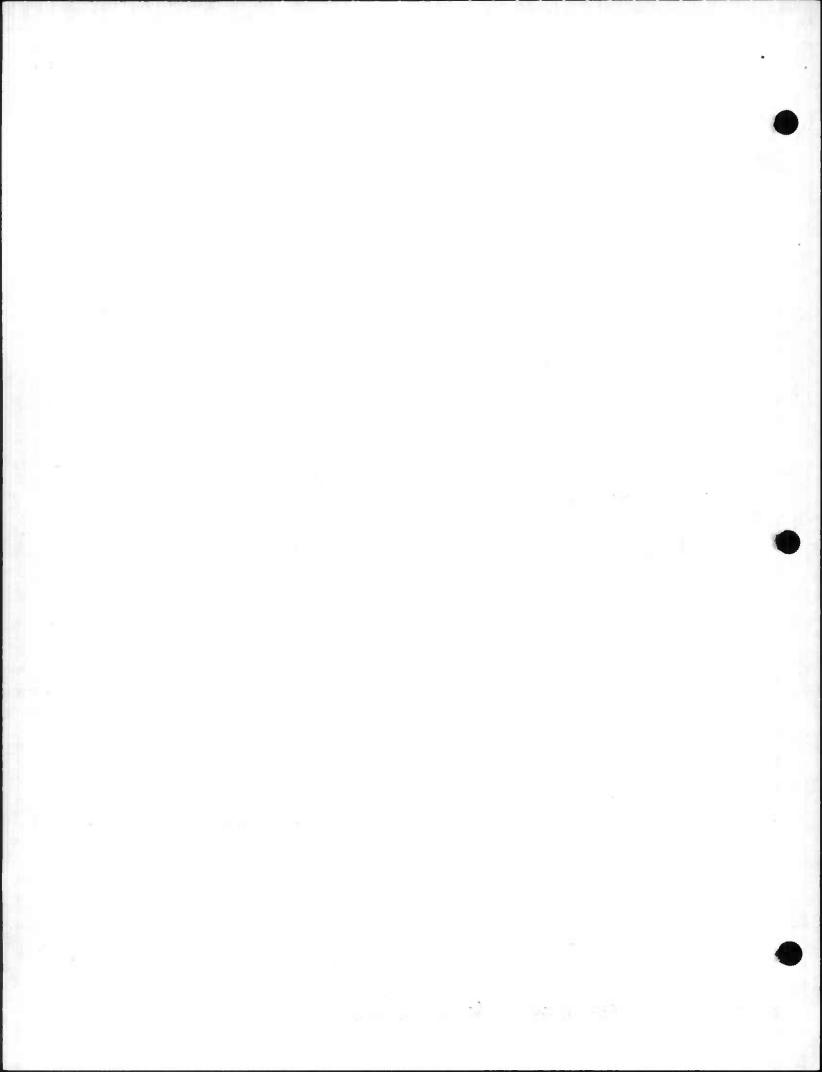
Air

State of Maryland / De

epartment of Health and Mental Hyg	giene 96	2	78	0
Certificate of Death				

						Cei	tificate	of i	Death			Reg. No.		
П	Discorde		1. Decedent's Name (First, Middle, L.	est)		$\overline{}$					2 Date of Dea	ith	V	3. Time of Death
	Physic /Med		Jame	S VERI	NON (	0	en				1 Hugi	Pay 31	1996	6:30pm
	Exami		4a. Facility Name (If not institution, gi	ve street end numb	er)			- 1	b. City, To	wn, or Lo	ocation of Death		nty of Deeth	Giodin
١.			Fallston General	Hospita	l ICU			E	allst	on,	MD	Har	ford	
	Funeral		5. Social Security Number 6.	Sex 7.	Age (In yrs. lasf	birthdey)	If Under	1 Year	If Under	24 Hrs.	8. Dete of Birt	1	9. Birthp	lece (State or Foreign
	Director		215-34-6560	1 <b>∑</b> M 2□ F	59	Yrs.	Months	Deys	Houra	Min.	9/14/1	936	Coun	vland
	<b>D</b> .		Usual Residence of Decedent											
	how		10a. State 10b. County		10c. City, T	own or Lo					-		1-	0d. Inside City Limits
	Me Me	cto	Md. Har:	ford			J	arr	etts	svil	le			t ☐ Yea 2 No
	라 다 8c 22	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen o	of What Coun	itry?
	23a	a	1906 Bell	eguard 1	Drive				2108	34			U.S.	A .
	172 hours after death with the Manyland *nature!', or Nems 23s or 28s-f show edical Examiner must be notified at	Funeral	11. Maritai Status	12. Was Decede Armed Force		13. \	Vas Deced	ent of H	ispenic Ori	igin? (Sp	ecify Yes or No- Rican, etc.)		ece - Americ	
2	or it		1 ☐ Never Married 2 Married	1.0 Yes 2	□ No				Specify:		nican, etc.)	100	iack, White,	aic.
2	ours	by	3 Widowed 4 Divorced	Year or Date	s: 5 <b>5-</b> 58	;	1□ Yes 2	M IVO	эреспу.			Spec	Cau	casian
5	l within 72 h iena. than "natu the Wedical	Completed	15. Decedent's E (Specify only highest gr		1	6a. Deced	lent's Usual kind of worl	Occup	ation	t of work	ina	16b. Kind of	Business/Inc	dustry
7700-61717	C	ğ	Elementary/Secondary (0-12)	College (1-4c	or 5+)	life. L	DO NOT us	e retired	ding mos	I OI WOIK	"19	Mary	rland	State
1		000	12	1		Ins	pect	or				High	lways	Admin.
2	0 = 0 5	Be	17. Fether's Neme (First, Middle, Las	"					18. Mothe	er's Name	e (First, Middle,	Maiden Sum	ame)	
mai yiaiin		0	Louis	Vernon	Coe	1			N	lary	Jan	ina	Me	Comas
3	and and		19a. Informant's Name/Relationship	(Type, Print)	1	9b. Meilin	g Address	(Street	and Numbe	er or Run	al Route Numbe	r, City or Tow	m, State, Zip	Code)
	E = N L		Kathryn A. Co	en / Wit	fe	S	ame	25	#10					
5	of Haall		20a. Method of Disposition		0.000		sition (Nam		ce)		Date	20c. Locatio	n - City or To	wn, Stete
Daltimore,	Y ft. L		1  Burial 2  Cremation 3   4  Donetion 5  Other (Speci		Bet1	-	Ceme		•	1	9/5	Mado	nna. i	Maryland
	Departme Importan any Injur		21. Signature of Funeral Servica Lice	nsee /	) //		. Name and	Addre	ss of Fecili	ty				ital y reare
Š	Depa Impo		Im HI.	1. 1	VS	1	K	urt	Z Fu	mer	al Hon			
			23a, Part1. Enter the disease, or con	collications that caus	deeth C	not ente	er the mode	arr	etts	cardiac	le, Ma	rylai	nd	Approximate
	<b>D</b>		23a. Part1. Enter the disease, or conshock, or heart failure. List only	one cause on each	lin .	O HOL OILL	31 1110 111000	or ayırı	y, such as	Cardiac (	or respiratory are	651,		Interval Between Onset and Deeth
).	Physician /Medical		Immediate Cause (Finel		V.		_						1	Onder and Decin
	Examiner		disease or condition resulting in death)	e. Mas	sive Ce	rebra	al Ble	eed.						
		F 0			Due to (or es	e conseq	uenca of):							
	pe tisu	Examiner		b										
	entificata be assouted ding physician and sa as tha burial-transit	xar	Sequentielly list conditions, if any, leading to Immediate		Due to (or es	e conseq	uenca of):						į	
00700	be a sician buria	ai	cause. Enter Underlying Ceuse (Disease or Injury that initiated events	c										
5	phys phys s tha	edical	resulting In death) Lest		Due to (or es	a consequ	uenca of):							
<	ding	3		d				_						
3	death certifica a attanding pt ed for usa as t	Physician												
	0 0	ysi	Part II. Other significant conditions	contributing to death	but not resulting	In the ur	nderlying ca	use giv	en in Part I		23b. Did to	bacco use	contribute to	the cause of death?
	that that ed by th detache		Chronic Alcohol	- stoppe	d 10 ye	ars a	ago				101	es 2 No	3 Prob	bably 4 Unknow
ה מ	sign d be	d by							- 37		042 1015	C	24h 186e	no autono, fin din a
5	v requires been sign should be	Completed	Chronic Tobacco	use, two	packs	per o	day fo	or 3	35 Ars	3.	24a. Was e perfor		eve	ere eutopsy findings eileble prior to mpletion of cause
necolds,	B 60 CA	npi												death?
=	E ag	S									1 🗆 Y	es 2 No	10	Yes 20 No
Vital	Physician: The this cartificata ral director, pag	Be	25. Wes case referred to medical examiner?						28. Place	of Death	(Check only or	10)		
-	S 0 0	2	1 Yes 2 No	Hospital: 1 Tinps	itient 2 ER/	Outpetien	1 3 DO	A Oth	er: 4□ Nu	rsing Ho	me 5 🗆 Resid	ence 6 🗆 C	ther (Specify	1)
5	g Ph		27. Manner of Death	28a. Date of Ir (Month, I	Jury 28t	. Time of Injury	28	c. Injun	at		28d. Describe h	ow injury oge	rred	
	ath. r: At	atic	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigation	1.1.1.1.1	1 ///	ii ijui y	Myn		Yes 2	No		N/II		
	Atte ecto by th	Certification:	3 Sulcide 6 Could not be determined	9 286 Place of	hury At home, (Specify)	ferm, stre	et ladary,	office		1	28f. Location (9	repl and hus	n <i>ber</i> or Rura	l Route Number,
2	s after a Dir	Ser	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	bullowigi	(Specify)		,				City or You	it, country		
	hour hour mera ly fille		29a. Certifier 12 Certifying Pt	ysician: To the bes	st of my knowled	ge, death	occurred e	t the tin	ne, dete an	d place, a	and due to the c	euse(s) and	manner as st	ated.
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: Atter thi completely filled in by the funeral	edicai	(Check only 2 Medical Examone)	ninar: On the basis and manner	of examination steted.	end/or inv	estigetion,	in my o	oinion, dee	th occurr	ed at the time, o	late and place	e, and due to	the cause(s)
	To the trial	Σ	29b. Signature and title of certifier	111	-	11	290.	License	numbar.	0.0		9d. Date sign		
			1 8/1/1	11/	1	110	1/	6	17/	3 4	6 (	Septemi	per 1,	1996
•			30. Name and address of person who	completed rause of	f death (Item 23)	a) (Type	Print)	_0	/ /		Y			
								7	W 7		/			
	Sta	ato	Samuel E. Wilso 31. Date filed (Month, Day, Year)	32. Regis	Fallsto strar's Signature	n Ho	spita	1 1(	J					
	Regist		SEP-4	1996	strar's Signature	u-Rano	Call							
	J		OLI 1											

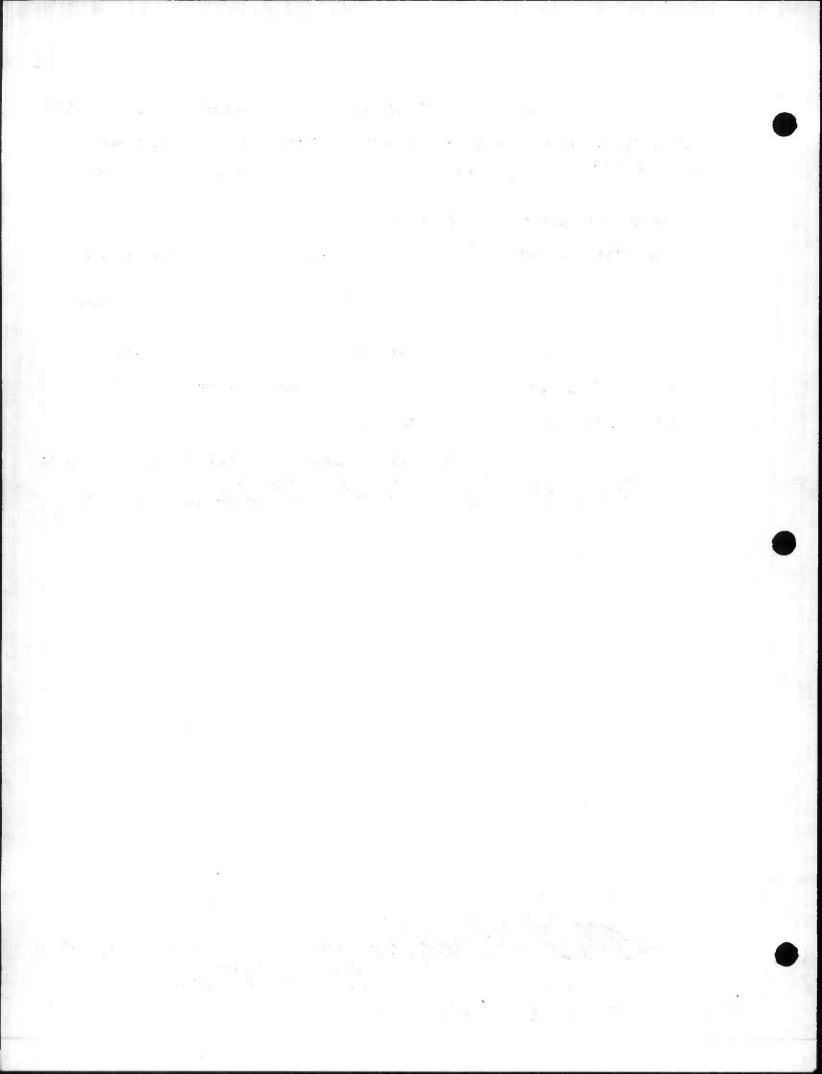
Amended #	8	, 9/6/96, G.F., Mon	State of Ma	ryland		artmen			ınd M		jiene g	6	27811
To about		1. Decedent's Nama (First, Middle, Last)							1	2. Date of Dea	th		3. Tima of Death
Physicia /Medica		Jar	nes Donal	Ld Co	onfai:	r				August	28, 199	Year 6	11:15 AM
Examine		4e. Facility Nama (If not institution, give :								cation of Death	4c. County	of Death	
		2106 Mt. Holly St				William	-	Balti			None		
Funeral Director		5. Social Sacurity Number 6. Sex 214-30-4955	M 2□F	(In yrs. les 62	t birthday) Yrs.	If Under Months		Hours	Min.	8. Data of Birth (Month, Dey Sept. 22	, 1923 , 1923	9. Birthp Cour Penr	place (Steta or Foreign htry) nsylvania
show start		10a. State 10b. County		10c. City, 1	Town or Lo	cation						1	0d. Inside City Limits
the Maryle	io	Maryland None		Ba:	ltimo	re							1X Wes 2□No
or 28	e l	10e. Street and Number				10f. Zip	Code			1	0g. Citizen of V	hat Cour	ntry?
ath w	a	2106 Mt. Holly S					216				United	Stat	es
020 urs e	by Funeral Directo	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 Xiprorcad	2. Was Decadant E Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates:	0		Was Deced f Yes, spec 1 ☐ Yas 2		spanic Orig n, Mexican, Specify:	in? (Spe , Puerto I	cify Yas or No- Rican, etc.)		k, Whita,	ean Indian, atc.
15-00.	9	15. Decedent's Educ (Specify only highest grede	ation			lent's Usua	l Occupa	itlon			16b. Kind of Bu		
- 2	Completed	Elementary/Secondery (0-12)	College (1-4or 5+	-)	_	lent's Usua kind of wor DO NOT us			or work!	ng			
d 21		17. Father's Name (First, Middle, Last)			Fact	ory W	orke		d. 84	(F) 1 14: 14	Tire		
ire, Maryland 212: 1 end 2 should be filed within t Health end Mental Hyglene. Item 27 Is marked other then other treumatic event, the M	Be	John F. Confair								(First, Middle,		a)	
should hand marked	0	19a. Informant'a Neme/Relationship (Type	e Print)		19h Mailin	o Address	(Street o	Marg		Murph	4	State Zin	Cada
Md 2: ulth er rtreu		Darlene M. Patter				Annap				Baltimor		2122	_
s 1 end if Health Item 27		20a. Method of Disposition		20b. Plec	e of Dispo	sition (Nem	e of		, T	T	20c. Location -	City or To	
Pege nent o nrt: If		1 Burial 2 □ Cremation 3 □ Ro 4 □ Donetion 5 □ Other (Specify)	moval from State			netory or ot ck's			9-	-5-96	Pottsvi Pennsy]	lle,	2
Baltimore, pemil. Pages 1 a Department of Hee Important: if Hem any Injury or othe angle.		21. Signature of Funeral Sarvice License		00. 1	22	. Name and	d Addras	s of Facility		ces, P.	remisy	· valit	.d
0 88 5 8		I Ellen H.	Kana	)	R	app ⊦	uner	al Se	rvic	ces, P. ilver_Sp	A.	ın 20	910
Physician /Medical Examiner		23a. Part1. Enter the disease, or complic shock, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)	C. O. P				of dying	, such as c	cardiac o	r respiratory arr	est,	1	Approximata Intervel Between Onset and Deeth  Uyears
6876( ficate be physicia	<b>6</b>	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting In death) Last		ue to (or as									
Geath death death death	200	Part II. Other significant conditions cont	ibuting to death but	not resultin	o In the un	derlyina ca	use nive	n In Part I		23h Didte	hacco usa con	tribute to	the cause of death?
P.O. Tat the dby the deteche	by Physicianum	Rheumatoid Arthr		TIO( Testi(III	ig in the or	idenying ca	inza disa	mmranti.					pably 4 Unknown
aw requir	peredi					_				24e. Was e perform		ava	ere autopsy findings allabla prior to mpletion of cause daath?
										1 U Ye	es ACXNo	1 [	Yes 2XXVIO
Of Vital   Physician: The rthis certificate and director, page 200		25. Was case referred to medical examiner?	spital:				Othe			(Check only on			
on of Ading Physic A.  After this caluneral direction: To		1 Yes 2 No Proceed No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1 No. 1	1 ☐ Inpatient 28a. Date of Injury (Month, Dey		Outpatient b. Time of Injury	3 DO/	Bc. Injury Work	4 LI NUI	2	ne 5 □ <b>X</b> Reside 8d. Describe ho		1-1-1	()
Division or Attending Presented at the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t		3 Suicide 6 Could not be detarmined	28a. Place of Injury building, etc.	y - At homa (Specify)	, farm, stre	et, factory,				8f. Location (St City or Town		or or Rura	l Route Number,
To the Hospital o within 24 hours of rothe Funeral Di completely filled it		29e. Certifier t\( \sum \) Certifying Physic (Check only one)	clan: To the best of r: On the basis of a and manner state	xamination	dge, death and/or inv	occurred a estigation,	t the time In my opi	e, date and inlon, death	placa, a occurre	nd due to the co	euse(a) end mar ate end place, a	nner as st nd due to	ated. the cause(s)
To the comp	-	29b. Signature and titla of certifier				29c.	License	number		2	9d. Data signed	(Month, i	Day, Year)
		Come 1	Tach.	ND			D213	28		5	Septembe	r 4.	1996
2		30. Neme and address of person who con Cosmo Jacobs, M.					ts A	ve.,	Balt			207	
State Registrar	•	31. Date filed (Month, Dey, Year) SEP 0 6 19	32. Registrar	s Signature	bon A	ndess							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Juliette Compitello September 3, 1996 9:30 PM /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Kensington
If Under 24 Hrs. 8 Allegis Health & Rehabilitation Center—Kensington Montgomery 5. Social Security Number If Under 1 Year 8. Date of Birth (Month, Day, Year Nov. 28, 1 6. Sex 7. Age (In yrs. last birthday) Birthpiace (State or Foreign Country) Funerai 10 M 20 F Days Hours 102-05-3512 Director 1898 France Usual Residence of Decadent the Maryland 10a State 10b. County 10c. City, Town or Location r than "natural", or itema 23a or 28a-f ehow the Wedical Examinar must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Directo Maryland Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5630 Alta Vista Road 20817-3575 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3√ Widowed 4 Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 16b. Kind of Business/Industry during most of working 12 should be filed within 7. h and Mental Hygiene. Eiementery/Secondary (0-12) College (1-4or 5+) Milliner Millinery 8 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be 1 nent of Health and Mental Jules Paul Demenus Louise Catheryn Bourguin 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) pemit. Pages 1 and 2.
Department of Health a
Important: If Item 27 is
any Injury or other tra-Frank E. Compitello Same as 10 20a, Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 9-4-96 Beltsville, Maryland Chesapeake Crematory 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediate Cause (Final a Myocardial Infarction Immediate disease or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner Arteriosclerotic Cardiovascular Disease The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or es e consequence of): with Recurrent Supraventricular Tachycardia ettending physician for use es the burie Box 68760. Physician/Medical the Due to (or as a consequence of): P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown Aortic Stenosis signed b Records, þ been sig Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 certificate 1 ☐ Yes 2 X No 1 Yes 2 XNo Division of Vital Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 🕅 Nursing Home 5 🗆 Residence 8 🗆 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After or Attending 5 Pending Investigation 1 Netural death. 1 ☐ Yes 2 ☐ No within 24 hours efter death To the Funeral Director: A completely filled in by the f 2 Accident 6 ☐ Could not be determined 3 ☐ Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) To the 29b. Signature and 29c. License number 29d. Date signed (Month, Day, Year) D 01120 September 4, 1996 3 30. Name and address of person who completed cause of dath (Hamphan) (Type, Print) 2309 Shorefield Road Walter E. Goozh, M.D. Wheaton, MD 20902-1825 31. Date filed (Month, Day, Year) 32. Registrar's Signature State whice Davidson SEP 06

Registrar



# $G\mathcal{F}$ BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MAR			TMENT				MENTA	L HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DE	EATH
		Mae N.	Cer	mak					Sept	tember	3. 3	L996	4:30	Рм
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or	Foreign
	219-68-2771		99	YRS.	MONTHS	DATE	HOUMS	Mille.		/ 31,	1897		inois	
~	Da. FACILITY NAME (If not institution, give st	3-01010			9b. CITY	, TOWN	R LOCATI	ON OF D	EATH		9c. COU	NTY OF D	EATH	
DIRECTOR	Manor Care Wheat	on			V	Vhea	ton				Mor	ntgon	nery	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE C	TY
FIG	Maryland Monto	gomery		Roo	ckvil	1e							LIMITS?	M MO
	10e. STREET AND NUMBER					_	ZIP CODI	E			10g. CIT	ZEN OF V	THAT COUNTRY	* *
FUNERAL	14213 Brad Drive					2	0853				Unit	ed S	States	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN	17 (Specify Ye			— American In	idlen,
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				2XXNO			Rican, etc.)		Speci	ly:	
	15. OECEDENT'S EDUC	CATION	40. 05	OFF FUTIO									White	
H	(Specify only highest grade  Elementary/Secondary (0-12)	completed)	(G/		Work done			rg	166	KIND OF BU	JSINESS/INC	DUSTRY		
PLE	lementary/Secondary (0-12)	College (1-4 or 5+)			naker	,				Own	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<u>-</u>		TOTILO	IIGICI		16. MOTI	HER'S NA	ME (First, I	Middle, Melder				
ш	Frank Nerad							larv		zart	,			
00	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS	(Street a				ber, City or Tox	vn, State, Zip	Code)		
٥	June M. Greatore		14	4306	Yose	emit	e Cou	ırt.	Rock	ville	. MD	2085	3	
	20s. METHOD OF DISPOSITION 1 General 2 Cremetion 3 General	wei from State	20b. PLACE A	NDDATE	OF DISPOS	ITION /No	me of				OCATION -			
	4 Donation 5 Other (Specify)		Chesa	apeal	ce Cr	ema	tory		9-4	1 Bel	tsvil	le,	Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRES		CILITY	ces,				
	· Elleen	W. Kay	PP										MD 209	10
	23. PART I. Enter the diseases, or c	omplications that ca	used the de	ath. Do i	not enter	the mo	de of dyl	ng, suc	h ss card	liac or resp	iratory an	eat,	Approxi	mata
	shock, or hasrt feliure. I IMMEDIATE CAUSE (Finsi	1	^		2		1							Between nd Death
	disease or condition resulting in death)	leade			Zun								Su	ede.
		Conge Due to (or One)	AS A CONSEC	DUENCE O	F):	0 -	10		10	0				
N	Sequentially list conditions,	conge	Mul	2	del	- Ce-	_	0	and	en en	-		hios	elles
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEC	UENCE O	F):		uea	al.	1	0156	ease	2	110	
S	CAUSE (Disease or Injury	- DUE TO COR	AS A CONSEC	HIENCE O	D.				·				7.0	
CERTIFICATION	that initiated events reaulting in dasth) LAST	anders	AS A CONSECUTION	les	000	S	8	Ru	016	Eless	200		1	can
E													1	
AL	PART II. Other significant conditions	contributing to dee	th but not n	esuiting	in the un	derlying	ceuse g	iven in	Part I.	24a, WAS AP	AUTOPSY	24b.	WERE AUTOPSY AMAILABLE PRICE	
8	A. F. Bullaki has to idile	on as	OVE	uch		202	0	-60-	_	1 TYES			COMPLETION OF OF DEATH?	
ME	mas to racio								_		/ 1		1   YES 2	Уно
PHYSICIAN: MEDIC														
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only on	•)				
ΙΥS	1 TYES 2 NO  27. MANNER OF DEATH	1   Inpetient 2   ER/			4 Nun	ing Hom		eldence	6 Other					
	1 Natural 5 Pending	28s. DATE OF INJU (Month, Day, Ye	er)	28b. TIM	URY		RK?		28d. DES	CRIBE HOW	INJURY OCC	CURED		
BY	2 Accident Investigation	26s. PLACE OF INJ	ILIEV At her	4			ES 2	NO						
GD	3 Suicide 6 Could not be 4 Homicide datarmined	building, etc. (	Specify)	ne, term, t	erreet, race	огу, отне	•		City o	ATION (Street or Town, State	and Number )	or Rumi R	loute Number,	
COMPLETED	29a. CERTIFIER				-									
MP	(Check only	CIAN: To the best of my k												
8		R: On the basis of examin	introff shd/or if	nventigatio	n, in my o	pinion, d	eath occur	ed at the	time, data	and place, s	nd dus to th	e cause(s	and manner as	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	est ess					29c. LICE	NSE NUM	ABER .		29d. DATI	SIGNED	(Month, Day, Yee	7 100
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OFATH OF	4.9Th /T	Onlest)		シム	-7	IBER		734	4 Ku	weeks 3	1716
	Olive al land	( s < e his	SS.	27) (Type,	TWL	Jul	2 Ker	160	0 7	DRi	05	lu	of SPR	200
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	BIGNATURE			, , , ,	-1							7
	SEP 0.6.1996	Julia Da	idson A	andel	2									

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Leasth **Physician** 31, 1996 5:30 4. LEROY CLAGGETT August /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Allegis Nursing Center Kensington MONTGOMERY If Undar 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral**  Birthpieca (Stata or Foreign Country) Days 1 □XM 2 □ F 578-50-6597 57 Director Yrs Apr. 14, 1939 Wash. Usual Rasidance of Decedant the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Director MD Montgomery 1 X Yes 2 No Wheaton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 12004 Centerhill Street Herns 23a 20902 U.S.A. death Funeral 12. Was Decadant Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours efter of neat of Health and Mental Hyglene.
Int: If Item 27 Is marked other than "natural", or files my or other traumate event, the Medical Lazarian my or other traumate event, the Medical Lazarian. 1 ☐ Yes 2 No If Yes, Give Yeer or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 2 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4or 5+) Caddy Golf Course 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be Ernest Claggett 2 Virginia Howard 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Cornelia A. Claggett (Wife) 12004 Centerhill St., Wheaton, MD 20902 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State permit. Page Department of Important: If any Injury or once. 9/7/96 4 □ Donation 5 □ Other (Specify) Lincoln Park Cem. Rockville, MD 21. Sunature of Funerel Service Licenses 22. Neme end Address of Fecility SNOWDEN FUNERAL HOME, ROCKVILLE, MD 20850 ase, or complication, thet ceusad the deeth. Do not enter tha mode of dylng, such es cerdiac or raspiratory errest, e. List only one clause on each line. Approximeta Intervel Between Onsat end Deeth **Physician** /Medical Immediata Ceuse (Final diseese or condition resulting in deeth) Metastatic Carcinoma of Tonque year **Examiner** Dua to (or es a consaguence of) Examiner The lew requires that the death certificate be executed buriel-trans pue Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): P.O. Box 68760, physician Physician/Medical thet Initiated events resulting in deeth) Lest use as the Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. detached by the 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic obstructive lung disease Division of Vital Records, þ 8 page 2 should Completed 24b. Were eutopsy findings available prior to completion of ceuse of death? 24e. Wes an autopsy performed? peed has certificate 1 Yes 1 ☐ Yes 2 ☐ No Physician: director, Be 25. Was cese refarred to medical 26. Placa of Deeth (Check only one) L_o Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 ☐ Yes 2 ☐ No this al or Atter...
urs efter death...
erel Director: After th?
- ty the funer. 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Dascribe how injury occurred 5 Panding investigation injury 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28a. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the Hospital c within 24 hours of To the Funeral D completely filled i Medical 29a. Certifier 16 Certifying Physician: To the best of my knowledge, dasth occurred et the time, deta and piece, end dua to tha ceuse(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the tima, date end piece, and due to tha ceusa(s) end mannar stated. (Check only onel 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Nema end eddress of person who complated care daeth (Itam 23e) (Type, Print) Martin C. Shargel, M.D. 3720 Farragut Ave., Kensington, MD 20895 31. Deta filed (Month, Dey, Year) 32. Registrer's Signeture

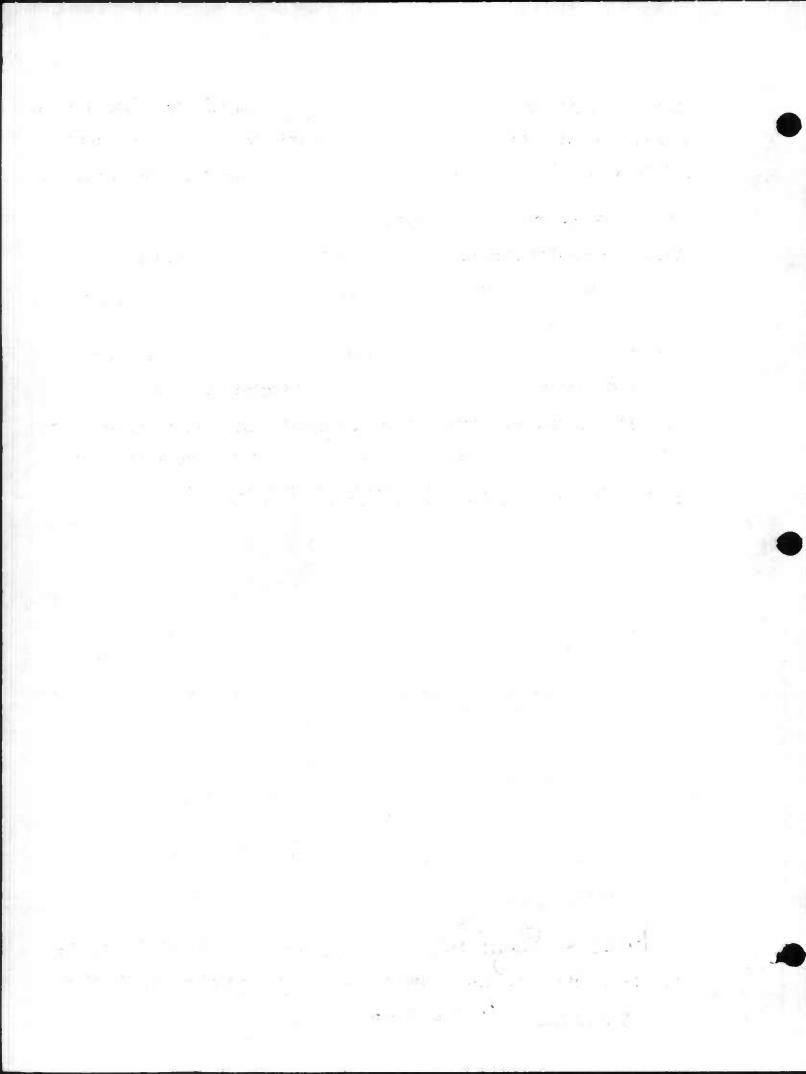
Lulia Davidso

SEP 0 5 1996

DHMH 16 Rev 6/95

State

Registrar



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended 19a. 9/3/96, G.F. Montgomery Co. Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** AMes 08 -1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Meridian Nursing Center at Aspenwood Silver Spring Montgomery If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Under 1 Year Months Days 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months 123M 2□F 58 220-36-2527 Director May 14, 1938 Maryland Usual Rasidance of Dacedant tha Maryland 10a. Stata 10b. County 10c. City, Town or Location ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits Director 1 Yas 2X No Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 4611 Kemper Street 20853 USA death 12. Was Dacedant Evar In U.S. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian. 11. Marltal Status permit. Pagas 1 and 2 should be filed within 72 hours after Department of Haalth and Mantal Hygiena. Important: if Item 27 is marked other than "natural", or Ite any injury or other traumatic event, the Medical Examinat Armed Forcas' Black, Whita, atc. 1 Navar Marriad 2 Marriad ☐ Yas 2 🔀 No Yas, Giva ূ Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: þ Specify: 3 Widowed 4 Divorced White Yaar or Datas: 15. Decedant's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa retired) (Specify only highast grada complated) Elementary/Secondary (0-12) Collaga (1-4or 5+) 5+ Mathematician General Research Corp. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Sylvester Connelly Marie F. Yala 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Wife Daughter Maureen M. Connelly 4611 Kemper Street, Rockville, Maryland 20853 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Parklawn Memorial Park 8/30/96 Rockville, Maryland 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. 23a. Parth. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 500 University Blvd.W., Silver Spring, MD 20901 Approximata Interval Between Onsat and Death Physician Immediata Causa (Final disaasa or condition rasulting In daath) /Medical Sepsis 2 Days Examiner Dua to (or as a consequence of): Examiner physician and the burial-transit death certificate be asscuted Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Box 68760. Physician/Medical Dua to (or as a consequence of): attending usa for signed by the a P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Anoxic encephalopathy, þ should s 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy Coronary Artery Disease 8W has paga 2 nis certificata h il director, paga 1 TYas 2 No 1 TYRS 2 No. 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Othar: 4⊠ Nursing Homa 5 ☐ Rasidance 8 ☐ Othar (Specify) 2 1 ☐ Yas 2 ☑ No 1 Inpatient 2 ER/Outpatient 3 DOA this funaral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of injury 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: Aftar 5 Panding invastigation 1 Natural 1 Yas 2 No 2 Accident 3 Suicida 8 Could not be 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

Division of Vital Records,

 Hospital or Attending P
 24 hours after death.
 Funeral Director: After t To the Hospital of within 24 hours at To the Funeral Discompletally filled

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State Registrar

edical

Gul Chablani, M.D. 31. Data filed (Moi

4 Homicide

(Check only one)

29b. Signatura and title of certifier

29a, Cartifian

32. Registrar's Signatura

29c. Licanse number 29d. Data signed (Month, Day, Year) D42518 August 28, 1996

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

11119 Rockville Pike, #316, Rockville, Maryland 20852

1 🔀 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 26 27816

			Certificate of Death		eg. No.	
		В	Decedant's Nama (First, Middla, Last)	2. Dete of Death	h	3. Tima of Death
	Physici /Medic		Nellie June Cox	SEPT.	Day /	196 9:10pm
$\rightarrow$	Examir		4e. Fecility Nema (If not Institution, give street and number)  4b. City, Town, or Local	ation of Death	4c. County of	
			Dorchester General Hospital Cambrid			hester
	Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Undar 1 Yeer If Under 24 Hrs. 1 Months Days Hours Min.	8. Date of Birth (Month, Day,	Year)	9. Birthplace (Stata or Foreign Country)
	Director		Usual Rasidance of Decedant	une 25	, 1935	Maryland
	pue *		10a. State 10b. County 10c. City, Town or Location			10d. iqsida City Limits
	Mary	5	Maryland Dorchester Cambridge			X 1 ☐ Yas 2 ☐ No
	28e	Director	Maryland Dorchester   Cambridge   10e. Street and Number   10f. Zip Coda	16	Og. Citizen of Wh	nat Country?
	3a o		1402 Race St. 21613			.S.A.
	death	Funeral	11. Maritel Status  12. Was Dacedant Ever In U,S. Armed Forces?  13. Was Decedant of Hispanic Origin? (Specify Yes, specify Cuben, Mexican, Puerto R	oify Yas or No-	14. Rece	- American Indian,
0	within 72 hours after death with the Maryland ene. than "natural", or itema 23a or 28a-f show ha Medical Examinat must be incorbed at		1 Never Merried 2 Married 1 Yas 2 No ff Yas, Give 1 Yas, Specify Cuben, Mexican, Pulano H	lican, etc.)		Whita, atc.
21215-0020	ural.	d by	3 ☐ Widowed 4 🛣 Divorced Yaar or Detes:		Specify:	White
5	l within 72 hours iene. ' than "netural", 'ne Modical Ex-	Completed	15. Decedent's Education (Specify only highest grade complated)  [Second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	9	16b. Kind of Busi	Inass/Industry
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	be filed tal Hygi d other event,		12 04 Supervisor  17. Fethar's Nema (First, Middla, Last)  18. Mothar's Neme (	(First, Middla, A		rnment
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ary	d 2 should but and Menta 7 is marked traumatic even	-	19e. Informant's Name/Reietionship (Type, Print)  19b. Mailing Addrass (Street and Number or Rural			
	CENL		John Michael Bain/Son 5322 So. Broadway Ci			
ore	es 1 an of Heal f item 2 r other		20a. Mathod of Disposition 20b. Place of Disposition (Nama of			lity or Town, Stata
Ĕ			1 43 Burial 2 Li Cramation 3 Li Hamoval from State	10	Cambri	dge, MD.
Baltimore,	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Edensee 22. Name end Addrass of Facility Curran-Bromwell B	Funera	1 Home	. Р А
ш	80550		Milled March Concell 308 High St., Can			
٥			13a. Fart 1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or shook, or heart failure. His only one cause on each line.			Approximata Intarval Between
	Physician					Onset and Death
	/Medical Examiner		Immediate Causa (Final diseasa or condition resulting in death)  e. Metastatic transitional call c	weind	June	1 month
	(50.11)	-	Dua to (or as a consequence of):			
	ned nsit	Examiner	b			
,	ificate be executed g physician and as the burial-transit	Еха	Sequentially list conditions, if any, leeding to immediate causa. Entar Underlying Cause (Disaase or Injury			
68760,	sicia bur	edicai	I that initiating evants			
	E 0 6		rasulting in death) Last Dua to (or as a consequence or):			
Box	the death certi yy the attending ached for use a	N/V	d			
	death and fo	sici	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did to	bacco uee conti	ribute to the cause of death?
P.0	that the de led by the a	Physician/M	Hungastamin Anomin HTN	1 🗆 Ye	9 3 No 5	Probably 4 Unknown
	signed d be de	þ	The second second second			
0	v requin	et e	70	24a. Was ar perform		24b. Wara autopsy findings available prior to completion of cause
Records,	W 85 CA	Completed				of death?
				1 □ Ya	s 20No	1 ☐ Yas 2 ☐ No
Vital	Physician: this certific ral director,	o Be	25. Was casa refarred to medical axaminar?  Hospital: 45. Placa of Death  Other: 45. Placa of Death  Other: 45. Placa of Death			
ot	E E =	-	1 12 Yes 2 2 No 12 Norsing Hom		nce 8 Other w Injury occurred	
on	th. : Afte	tior	27. Mannar of Death  1 ™ Natural 5 □ Panding (Month, Day Year)  2 □ Accident Investigation  28a. Data of Injury 28b. Time of Nork?  Nork?  1 □ Yeas 2 □ No	Dec Allery December		
Division	al or Attending P after death. I Director: After t d in by the funera	Ifica	3 ☐ Suicida 6 ☐ Could not be datarmined 28a. Plece of Injury - At home, farm, street, factory, office 28			r or Rural Routa Number,
ā	s afte	Certification:	4 ☐ Homicida building, atc. (Specify)	City or Town	, Stata)	
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical (	29a. Cartiflar  (Check only  2	nd dua to tha ca	use(s) and man	nar as stated.
	the H in 24 the F		one) end mannar stated.	o at tha tima, oa	ita and place, en	id dua to tha cause(s)
	To To	Σ	29b. Signature and title of certifler 29c. Licensa number	29	ed. Dete signed	(Month, Day, Year)
			1) w/ / Vwm - 1) 39749		1/1/9	5
			30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print)	- hun	21/2	
		10	02111		0160	
	Sta Registr		31. Deta filed (Month, Day, Year) SEP 0 9 1996 32. Registrar's Signatura			

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						Ce	rtificat	e of	Death		Reg. No.		
	Physic	an	Decedent's Nama (First, Middle, Last	st)			(DAN			2. Date of De Month	Day	Year	3. Time of Death
	/Medi		PAULINE		Т.		L		ollsi	Septem	DER 10, K		1140
	Exami	ner	4a. Facility Name (If not institution, given PENINSULA REGIONA		,	ER				, or Location of Deat SBURY	4c. County WICO		
Н	Funeral		Social Security Number 8. S		Aga (In yrs. I	ast birthday	If Unda		if Undar 24		th Year	9. Birthple	ce (Stata or Foreig
L	Director		215-05-8907	□M 2 <b>2</b> ¥F	86	Yrs.	Months	Days	Hours	Min. (Month, Da	1, 1909	Mary	
	pue *		Usual Residence of Decedant  10a. Stata 10b. County		10c City	, Town or L	ocation					110	d. Insida City Limits
	Maryli f eho	5	Maryland Wico	mico			lmar					10	1 ☐ Yas 2 No
	the 1	Director	10e. Street and Number				10f. Zip	Code			10g. Citizen of 1	What Countr	v?
	within 72 hours after death with the Maryland ene. than "natural", or hema 23a or 28a-f show ha Medical Examiner must be notified at	ie D	8473 N. Prong Lan	e					218 <b>7</b> 5		1.0000000000000000000000000000000000000	.S.A.	
	death	Funeral	11. Marital Status	12. Was Decedar Armed Forcas	t Evar In U.	S. 13.	Was Dece			? (Specify Yas or No uarto Rican, etc.)		e - America	
0	or he		1 ☐ Navar Married 2 ☐ Married	1 Yes 22			1 ☐ Yas		Specify:	uanto Pican, etc.)	Specifi	ck, White, et	ite
8	ural',	d by	3 ☑ Widowed 4 □ Divorced	Year or Dates	i:								
5	n 72 l	lete	15. Decedent's Ed (Specify only highest gra	ucetion de com <i>pleted)</i>		(Give	dent's Usua kind of wo DO NOT u	rk done	during most of	working	16b. Kind of B	usiness/indu	istry
77	with a	Completed	Elamentary/Secondary (0-12) Grade 6	College (1-4o	r 5+)		mbly				Chat 1 au		
g	Hyg other	Be C	17. Fathar's Name (First, Middle, Last)			nose	TIOLY	YYOL		Name (First, Middla	Cutle		
Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylan I Health and Mental Hygiene. If leath and Mental Hygiene. Item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be northed at	To B	Hezekiah Bradshaw						Flo	rence Tul	1		
lan	2 sho and I is ma	'	19a. Informant's Name/Relationship (1			19b. Meii	ing Address	(Street	and Number o	or Rural Routa Numb	er, City or Town,	State, Zip (	Code)
	1 and Health em 27		Theresa D. Pruitt	(Daughte	<u> </u>				J Lane	- Delmar,		375	
Baltimore,	Peges 1 and neut of Heamint: If item		20a. Method of Disposition  1 Burial 2 □ Cramation 3 □	Removal from Stat	CE	ace of Disp ematery, cre	matory or o	ther pla	ce)	Data Data	20c. Location		
Ë	permit. Pages Department of Important: If its any injury or o		4 ☐ Donation 5 ☐ Other (Specify	)	Suili					-9/13/96	Crisf	leld,	MD
Ba	Departiment Important Information		21. Signature of uneral Service Lices	Bla	olaka,	$\mathbb{Z}$ $\mathbb{Z}$	2. Nama ar radsh	aw 8	Sons	Funeral H	ome		
			Robert H. Bra	dshaw, J	r	/ 3	06 W.	Mai	n St	Crisfiel	d, MD	21817	
	2,555	N .	23a. Part1. Enter the disease, or comp shock, or heart failure. List only	plications that caus one cause on each	ed the death line.	. Do not en	iter the mod	le of dyir	ng, such as ca	rdiac or respiratory a	rrest,		Approximate nterval Between Onset and Death
	Physician /Medicai	3	Immediete Cause (Finat									'	Silver and Death
	Examiner		disaasa or condition resulting in death)	8.	Seps								
		Je.			11000	as a conse	1		duse	44			
	cuted	Examiner	Sequentially list conditions,	b. — —	Due to (or	as a conse	quence of):	-	ruse	eou			
Ö,	e exe cian a curial-	A	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Lew	al	baile	40				i 1	
58760,	icate be executed physician and s the burial-transit	dicai	that initiated events rasulting in death) Last	C		as a conse	quence of):						
	leeth certifica ettending pl	1 40 1	L	d									
Box	etten for u	Physician/M											
P.O.	es that the de igned by the e be deteched f	ysi	Part II. Other significant conditions of	-	but not resu	ilting In tha u	underlying o	ause giv	ven in Part I.		N		he cause of death
	s that ned b	by PI	101Eh	euner,						_   "	Yss 22 No	3 Probe	ibly 4 ☐ Unknow
Records,											an autopsy	24b. Wer	a autopsy findings lable prior to
000	aw requisite peen 2 should	Completed								— pen	ormed?	com	plation of cause eath?
	The la	E								10	Yes 20 No	10	Yes 2□ No
Ita	ilcian: The certificate rector, pag	Be	25. Was case referred to medical exeminer?						26. Place of	Death (Check only	one)		
Division of Vital	Physician: rthis certific ral director,	2	1 ☐ Yes 2 ☑ No		tient 2 🗆 E				4 LI Nursi	ng Home 5□ Resi			
Ĕ	After t	iuo	27. Manner of Death  1 A Naturat 5 ☐ Pending	28a. Date of In (Month, E	jury Day Year)	28b. Time of injury		28c. Injur Wor			how injury occur	red	
120	Attending Physician: The lav sr death. ector: After this certificate has by the funeral director, page 2	cat	2 Accident investigation 3 Suicide 6 Could not be	One Place of t	nium. As hou	ma (a at	M		Yes 2□No		Street and Num!	nor or Dural	Doute Number
2	スモーに	Certification:	4 ☐ Homicide detarmined	28e. Place of I building,	etc. (Specify	ma, rami, st	reet, factory	y, onice		City or To		or or nurar	rioute reuniber,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in		29a. Certifier Certifying Phy	rsician: To the bes	t of my know	vledge, deat	h occurred	at the tir	me, date and p	iece, and due to the	cause(s) and mi	anner as sta	ted.
	the H bin 24 the Fi	Aedicai	one)	and mannar	or examinati stated.	ion and/or in				occurred at the time,			
	5 t t 8	Σ	29b. Signature and title of certifier			2.(1.0			se number		29d. Data signe		
			16/11/1	- / 1000	nn i	1.(1.0	MI	) D	005 06	75	1-	11-99	>
			30. Name and address of person who of	completed cause of	deeth (item PEN/NSU	23e) (Type,	, Print) BIONAU	MED.	ial ce	HTEK SAL	KOVIY, MI	218	01

State Registrar

ALES OF THE STATE OF THE STATE OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAN	CERTIF	ICATE OF	DEATH		REG. NO.		-
		1. DECEDENT'S NAME (First, Middle, Lest)  JEAN E	Band 1	Drenn	ממ	2. DATE OF MONTH	DAY	YEAR	TIME OF DEATH
			GE (In yrs. lest birthday)	F UNDER 1 YEAR				1996	9.05 Pm
		713-09-0345 10M25	85 YAS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	ey, Ye <i>gr</i> )	S. BIRTHPL	ACE (State or Foreign
pinous		9a. FACILITY NAME (If not institution, give street and number)	00	9b, CITY, TOWN O	R LOCATION OF DE	JUNE		TY OF DEAT	
ස ප	R	Tower Nursing Home		Crick	_ / _/				
1, 2	CTO	RESIDENCE OF DECEDENT	-	C 7/3 TI	ela		1007	mers	EL
Pages	DIRE	10e. STATE 10b. COUNTY		Y, TOWN OR LOCATI				10	d. INSIDE CITY LIMITS?
permit.		19d. Somerset	L_W	lest or					YES 2 NO
	FUNERAL	1 1	PI	101.	ZIP CODE	7.	10g. CITI	ZEN OF WHA	T COUNTRY?
DZO physician. burial-transit	N N	6457 Old Westover  11. MARITAL STATUS  12. WAS DECEDENT EVE	P IN II S APPAGED	12 WEG DECC	ENDENT OF HISPAN	/		2.3	
o physic of physic of burial		1 Never Married 2 Married FORCES? 1 Y	ES 2 NO	If yes, spe	cify Cuban, Mexica	n, Puerto Rica	in, etc.)	Black, W	American Indian, hite, etc.
1 2 5	BY	3 Wildowed 4 Divorced	N DAI ES	1 1 123	2 Specify	c.		Specify:	Thite
ZTS attend	ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	N t of working	16b, Ki	ND OF BUSINESS/IND	USTRY	11.10
tal or for u	LET	Elementary/Secondary (0-12) College (1-4 or 5+)	He. Do NOT u	se retired.)	Co. Working	10.	Vn Ho	M	
he hospital detached to	COMPL	12	House	wite				ne	
4 8 8		17. FATHER'S NAME (First, Middle, Last)			11.0	1	lle, Maiden Surname)		
		William Hamew	401- MAN INC	A 0000500 (0)	Marga		KODINS		
5 5 70 5	2	Clara Hudson	1.45	maria	1 /	12 /	City or Town, State, Zip	Λ	11.
may be or. page		20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION (No.	vestover	DATE	20c. LOCATION - C	/	State
) w = =		1 P Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	cemeters crematory or b	ther place) 75 hinat	-07)	1	Coran		WYOTK
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE				CILITY		///=	wight
death. Pag theral di theral di theral		Ames LI (exma)			ADDRESS OF FAC	121	MI	2185	<b>-</b> 5
after by the moval		23/PART I. Enter the diseases, or complications that cour	sed the deeth. Do	not enter the mod	eess /	as cardiac			Approximate
Do in Do		anock, or neert failure. List only one cause or	each line.				or respiratory arm	owt,	Interval Between
E E E		IMMEDIATE CAUSE (Final disease or condition resulting in death)	PIDEC	IFRAT	10 11.	- 0 -	N. C.		Onset and Death
		resulting in death) a. PLE TO (OR A	S A CONSEQUENCE O	P:	THE THE	HIZ I	DISE	176	LEARS
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	2	CAUSE (Disease or Injury	FL F	BRIL	LATIE	2 N			TEARS
certifical ding phy lygiene p		that initiated events resulting in death) LAST	S A CONSEQUENCE O	F):					
he death certifue attending Mental Hygie	141	d							
= 0 =	AL.	PART II. Other significant conditions contributing to death	but not resulting	In the underlying	cause given in	Part I. 24	n. WAS AN AUTOPSY PERFORMED?		RE AUTOPSY FINDINGS
5 8 5 6						1	YES 2 NO	co	MPLETION OF CAUSE DEATH?
oquires on sign of Heath									TES 2 KNO
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Cate his State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEAT	TH (Check only one) OTHER:					
ICIAN ertific the S	Ι×S	1 VES 2 NO 1 Inpution 2 ER/O		4 - Nursing Home		8 Other (S	pecify)		
NG PHYSICIAN: The law requiret this certificate has been eath with the State Dept. of I marked, or Item 23 sho	РНУ	27. MANNER OF DEATH  28e. DATE OF INJUR (Month, Day, Yea		URY WOR	HC?	28d. DEŞCRI	BE HOW INJURY OCC	URED	
After death		2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJU	RY — At home, farm, s		ES 2 NO	201 1 201710	MI (O)		
S He de He	Ш	4 Homicide 8 Could not be building, etc. (S	pecify)	stroot, factory, office		City or 70	ON (Street and Number own, State)	or Hurai House	Number,
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	9	29e. CERTIFIER					E-m-ray		
Z 72 =	2	(Check only one)  2 MEDICAL EXAMINER: On the basis of examina							
HOSPITAL FUNERAL WITHIN 72	8	29b. SIGNATURE AND TITLE OF CERTIFIER							
TO THE HOSPIT TO THE FUNER De filed within 7	BE	OGUNFO WORA	DL VCPC		29c. LICENSE NUM	800			SER 4 1996
F F M W	유	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OFATH STEM 170 (Tens	Delect)	- (				
		OLUSEGUN DGUNFOWOR	A ime	CRADY	memo	>RIA	- 1toca	ATA	,
		SEP11 1996 Julia disconstruction	NATURE				01000	117	
		SELT 1320 June							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 27819

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Physici.	an	Decedent's Nema (First, Mi		•						2. Dete of De Month	eeth Day	Yeer	3. Time of Deeth
/Medic					ncan, S	Sr.			41 61 7	Septemb			11:55 AM
Examin	er	4a. Facility Name (If not institu							4b. City, Town, or		, , , , , ,		
	-	15310 Beaver 5. Sociel Security Number	000 6. Se		-	m last history	if Unc	iar 1 Yaar	Silver			ntgom	
uneral rector				M 2□F	7. Age (In yr	26	Month		Hours Mir	. (Month, De	ey, Year)		ece (Stete or Foreign ry)
rector		490-03-0096 Usual Residence of Decedent			90	)				November	3, 1905	Miss	souri
ě m		10a. Steta 10b. Cou	nty		10c. 0	City, Town or	Location					10	d. Inside City Limits
s marked other then "natural", or flems 23a or 28a-f ahow iumatic event, the Medical Examiner must be notified at	ō	Maryland Mon	tgom	erv		Silv	er Sp	ring					1 ☐ Yes 2 No
north	Director	10e. Street end Number	280111			D=2.		Zip Code			10g. Citizen of	Whet Count	ry?
3a o		15310 Beav	erbr	ook Co	urt			209	06			d Sta	
THE S	Funeral	11. Meritel Status	T	12. Wes Dec	edant Evar in	U,S. 1	3. Wes Dec	edent of I	Hispanic Origin? (	Specify Yes or No		e - America	
		1 ☐ Nevar Married 2 🔯 N	arried	Armed F	orces? 2 No ive					rto Rican, etc.)	Blad	ck, White, e	tc.
Exp	by	3 ☐ Widowed 4 ☐ Divore	ed	If Yes, G Yeer or D	ive Detes: 1920	-1923	1 LX Yes	2∐No	Specify:		Specif	v: W	hite
ical	Completed	15. Deced	ent's Ed	ucation		16a. De	cedent's Us	suel Occu	pation during most of we	. 4.7	16b. Kind of B	uelness/Indi	ustry
Med	ple	(Specify only hig Elementery/Secondery (0-1)	- Ť		(1-4or 5+)	life	DO NOT	use retire	during most or wo	orking			
칊	NO.			4		Sa1	esper	son			Hospit	al Su	pplies
Veril	Be (	17. Fether's Neme (First, Midd	la, Last)						18. Mother's Ne	eme (First, Middle	, Meiden Suman	ne)	
tic.	To	Grant M.	Dunc	an					Anna	Huggett			
traumatic	'	19e. Informent's Neme/Reletic	nship (T	ype, Print)		19b. Me	eiling Addre	ss (Stree	and Number or F	Rural Route Numb	er, City or Town,	Steta, Zip	Code) 20906
other tre		Eva Thomas Du	ncan	/Wife		153	10 Bea	averb	rook Cou	rt, Silv	ver Spri	ng, M	aryland
g l		20a. Method of Disposition				. Plece of Dis	sposition (N	leme of	[∞] Septembe	Date	20c. Location -	City or Tov	vn, Stete
any injury or other to once.		1 ☐ Burial 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other			State	ontgom	erv C	remat	orium,	r 3, 1990 Inc.	Bethesd	la. Ma	rvland
in a	1	21. Signature of Funeral Servi	co-tocens	ing /									
ă		M. II	20	4-01	M	00846	800 Wes	t Mon	liphrey run tgomery Av	enue Rock	ville, Ma	ryland	20850-2805
		23a. Perf1. Enter the disease	or comp	lloubangth at	caused the de								Approximete
ian		shock, or haart fellure. L	ist only o	ne cause on	eech line.			,	•				Interval Between Onsat and Death
al		Immediete Ceuse (Final		Co	*******	f O	. 1						
er		disaasa or condition rasulting in deeth)		e. Ca	rcinom							3	Years
	ler				Due to	(or es e con	sequence o	1):				1	
	Examiner	Commence the three constitutions		b	Due to	(or es e con		61.					
	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying			Due to	(OI es e con	sequenca o	1).				1	
	cal	that initiated events	<	c	Due to	(or as a cons	equence of	N·					
	n/Medical	rasulting In deeth) Last			500.10	(0) 40 4 00/10	704001100 01	,,.					
				d									
	Physicia	Part II. Other significant cond	tions co	ntributing to d	eeth but not re	esulting in the	underlying	cause of	ven in Pert I	23b. Did	tobacco usa co	ntribute to	the cause of death?
	hys					outing in the	arraony mg	, oddoo g.			Y98 2 ♥ No		ably 4 Unknow
	by P										-74		
	8										en eutopsy		re autopsy findings liable prior to
	Det							· · · · · · · · · · · · · · · · · · ·		pen	omieu r	com	plation of cause
	Completed									1□	Yes 2 No	1 🗆	Yas 2□ No
5	BeC	25. Was casa referred to med	cal						28 Place of De	eth (Check only			
	0	axeminar? 1 ☐ Yes 2 🔀 No		Hospitel:	Inpatient 2	☐ ER/Outpe	tient 3 🗆 [	ON ON	nor!	Home 5 N Res		er (Specify	1
	1:0	27. Menner of Deeth		28e. Dete	of Injury	28b. Time	e of	28c. Inju Wo		1	how Injury occur		/
	to	1 Naturel 5 ☐ Pen 2 ☐ Accident Inve	ding stigation	(Mon	nth, Day Year)	Injur	M		rk? ∣Yes 2 □ No				
	Ö	3 ☐ Suicide 6 ☐ Cou	ld not be	28e. Plece	of Injury - At ing, etc. (Spec	home, ferm,	street, fecto	ory, office			Street end Numb	er or Rural	Route Number,
	<b>9-</b>	4 ☐ Homicide		build	ing, etc. (Spec	cify)				City or To	wn, Stete)		
oy ure runer	ertification:			elclen: To the	best of my kr	nowledge, de	eth occurre	d et the ti	me, dete end plec	e, end due to the	ceuse(s) end me	enner as sta	ited.
oy ure runer	0	29a. Certifier 1 🖔 Certif	ing Phy	arcient. TO the	acle of avamle	netion end/or	Investigetion	on, in my	opinion, deeth occ	urred et the time,	dete end place,	end dua to	the cause(s)
	0		ing Phy al Exami	ner: On the b	ner steted.								
oy ure runer	Medical Certif	(Check only 2 Medic	al Exami	ner: On the b	ner steted.	$\circ$	2	9c. Licens	se number		29d. Dete signe	d (Month, D	Pay, Year)
completely filled in by the luner	edical C	(Check only 2 Medic one)	al Exami	ner: On the b	iner steted.	0	2	9c. Licens		/			
completely filled in by the luner	edical C	(Check only 2 Medic one) 2 Medic 29b. Signeture and the of cert	al Exami	and men	ner steted.	em 23e) (Tvp		9c. Licens	0 83 8	/	29d. Dete signe Septemb	er 3,	1996
To the Funeral Director: After completely filled in by the luner	edical C	(Check only 2 Medic one)	fier	iner: On the b	ner steted.		e, Print)	D	0838	/ ite 209.	Septemb	er 3,	1996 1906 <b>–</b> 1513

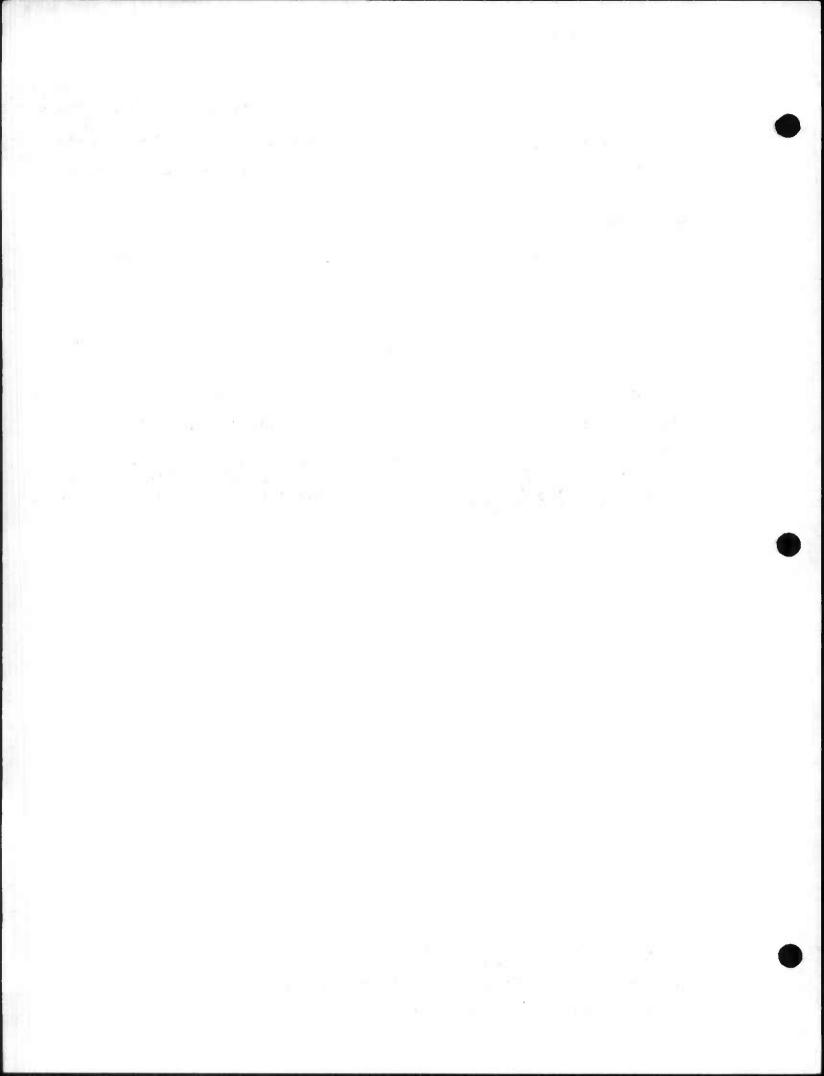
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death LEN Month Physician 1996 August 12:00PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hospital Cheverly Prince George's if Undar 24 Hrs. Hours Min. 5. Social Security Number If Undar 1 Yeer 8. Data of Birth (Month, Day, Year) NOV • 3 1914 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** Months 1 XM 2 □ F 81 Yrs 411-10-1094 Tennessee **Director** Usual Residence of Dacedant permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28s-1 show any Injury or other traumatic event, the Medical Examiner must be notified at ORCe. 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's 1 ☐ Yas 2 ☑ No Directo Adelphi 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 2003 Ruatan Street 20783 United States Funeral Was Dacadant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11 Maritai Status Black, Whita, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White Completed by 3 XWidowad 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) Self - Employed Businessman 12 17. Fether's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be 2 Kittie Jones John Ernest Dolen 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Nancy Dimaio 2003 Ruatan Street Adelphi, Md. 20783 20b. Placa of Disposition (Nama of cametery, cremetory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata George Washington Cemetery9/1/96 Adelphi, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Nema and Addrass of Facility Hines/Rinaldi Funeral Home 21. Signature of Funeral Sarvice License 23a. Part1. Enter the disease, or complications the Laused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause proceduline. 11800 New Hampshire Ave. Silver Spring, Md. Physician Immediata Causa (Final diseasa or condition rasulting in deeth) /Medical Examiner Dua to (or as a consequence of) Physician/Medical Examiner 10001 The law requires that the death certificate be executed buriel-transit Saquantially list conditions, if eny, leading to immadiate causa. Entar Undarlying Cause (Disaesa or Injury pue Dua to (or as a consequence of) OBSTRUCTIVE Box 68760, physician EVFRE es the t thet initiated evants resulting in death) Last Dua to (or as a consequence of): PILTONARY DISCEPTE USB be detached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Pes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? page 2 should Completed 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Hospital or Attending Physician: funeral director, 25. Was case rafarrad to medical axaminar? Be 28. Pleca of Daath (Check only ona) Hospitei: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Medical Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA this 28a. Deta of Injury (Month, Day Yaar) 27. Manner of Deeth 28b. Tima of Injury 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 24 hours after death. Funeral Director: A 2 Accidant Could not be determined 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) filled in by 4 Homlcida 29a. Certifiar 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, deta and place, and dua to tha causa(s) and manner as stated. completely (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) manner stated. within 2 To the 29b. Signetura end titla of continue 29c. Licansa number 29d. Deta signed (Month, Dey, Year) NW D 20072 30. Nama and eddrass of person who complated cause of death (Itam 23a) (Type, Print) 7219 Hanover Park way S. Punja Greenbelt Md. 20770

Registrar

State

31. Data filed (Month, Day, Year) SEP 0 5 1996

32. Registrar's Signatura



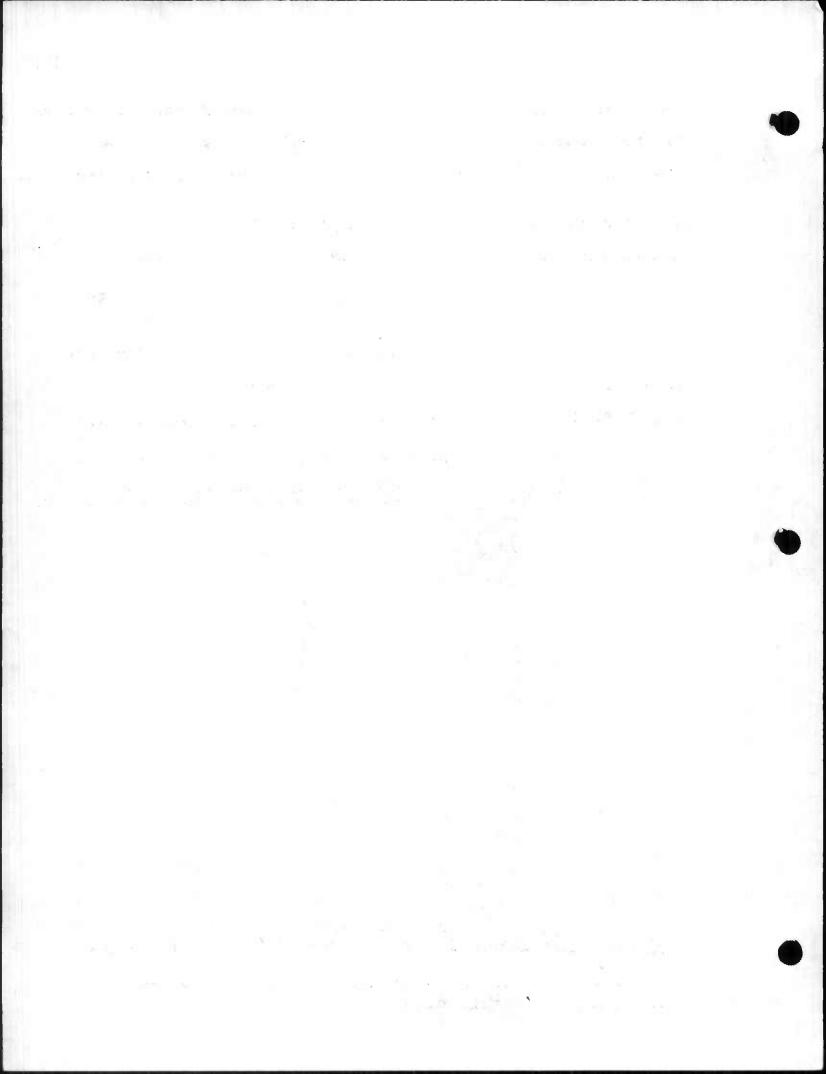
State of Maryland / Department of Health and Mental Hygiene 96 27821

								Cel	niticat	e or	Death			Reg. N	No.		
	Physic	ian	1. Decedent's Name (First, Midd	lle, Last	)								2. Date of D Month		Day	Yeer	3. Time of Death
5	/Medi		Mary Pape		ıffie								Septem	ber	2, 1	996	9:20 PM
A .	Exami		4a. Facility Name (If not Institution	n, give	street and nur	m <i>ber)</i>					4b. City, To	own, or L	ocation of Dea	th 4	4c. County	of Death	
			8920 Fairview	Roa	d						Si	lver	Spring		Moi	ntgom	erv
		т	5. Social Security Number	6. Se		7. Age (II	n yrs. last b	irthdav)	If Under	1 Year			8. Date of B				
	Funeral Director		217-32-0974	1[	M 2₽F		99	Yrs.	Months	Days	Hours	Min.	(Month, D	ay, Yes	1007	Cour	olace (State or Foreign
	/1160101		Usual Residence of Decedent										March	14,	109/	wasn	ington D.C
and	ž		10a. State 10b. County	,		10	c. City, Tov	wn or Lo	cation							1	10d. Inside City Limits
fanyl	4 2	5															1 ☐ Yes 2 ☑ No
2 94	8 9	oct	Maryland   Montg	ome:	ry						pring						
£	2 2	Director	10e. Street end Number						10f. Zip	Code				10g. (	Citizen of	What Cour	ntry?
÷ ×	230		8920 Fairview	Road	d					209	01				USA	A	
5-0020 72 hours after death with the Maryland	"neturel", or items 23a or 28a-f show edical Examiner must be nutified at	Funeral	11. Marifel Status		12. Was Dece		r In U,S.	13.	Was Deced	dent of	Hispanic Or	igin? (Sp	ecify Yes or N Rican, etc.)	0-			can indlen,
of the	- 9	E	1 Never Married 2 Mar	ried	Armed Fo	2₽ No		i					Hican, etc.)		Bla	ck, White,	etc.
Maryland 21215-0020	23	þ	3 ☑ Widowed 4 ☐ Divorced	t	If Yes, Giv Yeer or D	/ <del>0</del>			1□Yes	2₩ No	Specify:				Specif	y:	White
Ö E	The same		15. Deceder	at's Edu	cetion		166	Dece	dent's Usua	at Occu	ination			166	Kind of B	usiness/In	dustry
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5 E	then	E	Elementery/Secondery (0-12)		College (1	-4or 5+)			Audit		54)			17	C (		
d 2121			45 6 10 10 10 10 10 10 10 10 10 10 10 10 10	4 4	4			4	Audit	or	1		(E)	-			nment
D 2		Be	17. Father's Name (First, Middle,	Last)									e (First, Middle				
arylan should be		2	Vincent Pape								Phi	Lome	na	U	nknov	vn	
ar sho	7 is marked traumatic ev		19e. Informent's Name/Relations		rpe, Print)		19	b. Mellir	ng Address	(Stree	t and Numb	er or Rui	ral Route Numi	ber, City	y or Town	State, Zip	Code)
			Ralph J. Duffi	e			89	20	Fairv	iew	Road.	Si	lver Sp	rin	g. MI	20	901
Te, N	item 2		20a. Method of Disposition			2	20b. Place	of Dispo	sition (Nan	ne of			Date		0		own, State
Pages	= 5		1 ☑ Burial 2 ☐ Cremation		emoval from	State			natory or o			1					
tim Pag	Lant July		4 Donation 5 Other (S	Specify)			Gate	OI	Heave	n C	emeter	У	9/5/96	S11.	ver S	prin	g,Maryland
Baltimore,	Important: if item any injury or othe		21. Signature of Funeral Servica	Litcens	99	0					ess of Fecili		T	1 11		T .	
<b>m</b> 82	2 E 2 8		X tolera		Ho	d							Funera				WD 00001
			23a. Part1. Enter the disease of	compi	ications that c	aused the	death Do								r Spi	ing,	MD 20901 Approximate
		Н	23a. Part1. Inter the disease, or shock, or heart failure. List	only or	e cause on e	ach line.	ocaiii. Do	mot one	or the mod	io oi ay	ing, scori os	cardiac	or respiratory	arrest,			Interval Between Onset and Deeth
differential and the second	ysician ledical		and an area of														Crisci and Dooti
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L.A.		l.	resulting in death)			Due	o to (or as e	consec	quence of):								
- 72		ē			Arter	iosc	lerot	ic l	Heart	Di	sease						10 Years
ox 68760, certificate be asscuted	Sus	Ē	Sequentially list conditions		). ———	Due	o to (or as a	consec	mence off.								
, age	nding physician and use as the burial-transit	EX	if any, leading to immediate											10 **			
68760, ficate be ax		n/Medical Examiner	that Initiated as on Injury					ed Atherosclerosis									10 Years
ce cet	phy st	ğ	resulting in deeth) Last	1		Due	to (or as a	conseq	uence of):								
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0	m .	an		_													
de	ed by the atte	Physicia	Part II. Other significant condition	ons con	tributing to de	ath but no	ot resulting	In the u	nderlying c	ause gi	ven in Part i	i.	23b. Did	tobac	co use co	ntribute to	the cause of death?
0. %	by the	'n											10	Yee	2 No	3 □ Proi	bably 4 Unknow
that	be de	by F															
ords, P.O. Be requires that the death	an .D												24a. Wa	s an au	tonsv	24b. W	ere autopsy findings
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e ec	50 CV	du															death?
T a	page	o											10	Yes	2 🖾 No	1[	Yes 2□ No
<u>=</u>	certificata rector, pag	Be (	25. Wes cese referred to medice	ı							26 Place	of Deel	h (Check only	one)		1	
of Vita Physicien:		O	examiner? 1 ☐ Yes 2 ☒ No	Н	lospitel:	nnationt	2 EB/O	utnation	* 3□ DC	Ot Ot	hor:				e 🗆 🗆	nr (Canali	64)
O E	두 교	Certification: To	27. Manner of Deeth		28a. Date o	1   Inpatient 2   ER/Outpatient 3   DOA					4 Nursing Home 5 12 Hesio						
E B	After		1 ☑Netural 5 ☐ Pendir		(Month, Day Year)			Injury	м	8c. Inju		No	200. 00001100	ribe how injury occurred			
VISION	the	cal	2 Accident Investi	-							Yes 2	140					
Division of Vital Records, to Attending Physician: The law requires the attendant.	irec n by	=	4 ☐ Homlcide determ		28e. Place buildir	of Injury -	At home, for specify)	em, str	eet, factory	/, office			28f. Location City or To	(Street own, Sta	and Numb ate)	per or Rura	al Route Number,
To the Hospital or within 24 hours after	To the Funeral Director: After completaly filled in by the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the funeral complete filled in the fun																
ded	iy fill		29a. Certifier 1 Certifyin	g Phys	iclan: To the	best of m	y knowledg	e, deeth	occurred	at the ti	lme, date en	d place,	and due to the	cause	(s) and me	enner es s	tated.
H 7	Heta Heta	edical	(Check only 2 Medical one)	Examir	ner: On the ba and mann	isis of exa ner stated.	imination ar	navor Inv	estigetion,	in my	opinion, dea	ith occur	red at the time	, date a	ind place,	and due to	) the ceuse(s)
o th	om the	ž	29b. Signature and title of certifie	1	1 1				290		se number			29d. D	Date signe	d (Month,	Day, Year)
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			rearge	-00	1	upon	in				, , .	- /			/ -	0-1	6
			30. Name and address of person			//											
			George F. Seng	stac	k, M.É	r. 39	29 Fe	rrai	ca Dr	ive	Whea	ton,	Maryl	and	2090	16	

DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Day, Year) SEP 0 5 1996



State of Maryland / Department of Health and Mental Hygiene

27822 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Deta of Daath 3. Time of Deeth **Physician** lledu Month Javis 4b. City, Town, or Location of Death 8:30A. /Medical 4e. Fecility Nama (If not Institution, giva street end number) 4c. County of Deeth Examiner 11002 Cherry Hill Road Adelphi Prince George's If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthdey) If Undar 1 Yaar 5. Social Security Number 9. Birthplece (Steta or Foreign Country) West Virginia **Funeral** 1 M MOXF 88 Months Deys 577-46-8657 Yrs. May 22, 1908 Director West Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland Prince George's College Park 1 Yes 2 No Director 10e. Straat and Number 10f. Zip Coda 10g. Citizan of Whet Country? 6 filed within 72 hours after death with 4707 Branchville Road 20740 United States or Items 23s Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes ② No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Race - Amarican Indien, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes ②O(No Specify: White by XX Widowed 4 Divorced "natural" Completed Decedent's Usual Occupation
 (Give kind of work done during most of working
 life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filed wire Department of Health and Mental Hygiens Important: If item 27 is merked other that any Injury or other traumatic event, Inst. 2016. Registered Nurse Nursing 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be G. Joseph Schoppert Frances Davis 2 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kay E. Cook (Daughter) 11002 Cherry Hill Road Adelphi, Maryland 20783 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete 1 Vogurial 2 ☐ Cremetion 3 ☐ Removel from State Fort Lincoln Cemetery September 5,1996 Brentwood, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licen 22. Name end Address of Fecility
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 that caused the deeth. Do not anter the mode of dying, such as cardiec or respiretory errest, on each line. se, or contablications List only one cause Approximate Intarval Between Onset and Deeth Physician /Medical Immediete Ceuse (Finel diseese or condition resulting In deeth) **Examiner** The law requires that the death certificate be axecuted Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initialed events resulting In deeth) Last Dua to (or es el consequence of): Box 68760, attending physician for use as the buria Physician/Medical Due to (or as a consequence of): Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yss 2 ☐ No signed to been signated Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evailable prior to completion of cause of deeth? certificate has b 1 ☐ Yes 25No 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical exeminar? director 26. Plece of Deeth (Chack only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred After t Certification: 28b. Time of 1 Neturel 5 Pending Investigation death. 1 ☐ Yes 2 No within 24 hours after death.

To the Funeral Director: A completely filled in by the f 2 Accident 6 Could not be determined 3 Sulcida 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Sertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end plece, and due to the ceuse(s) Medical 29e. Certifier (Check only one) 100 29b. Signature end title of certifies 29c. Licensa number 29d. Dete signed (Month, Day, Year) use of deeth (Item 23e) (Type, Print)
11251 Lockwood Dr. Silver Spring, Maryland 20901 30. Neme and address of person who completed cause Pamela Mulshine, M.D. 32. Registrer's Signeture 31. Dete filed (Month, Dey, Yeer) State 1 Savidson SEP 0 4 1996 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

27823

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uneral irector		138-22-0634	Sex 7. Ag	a (In yrs. last	Yrs.	Months Deys			th 19, Year) 0, 1929	9. Birthplace Country) New Je	(Stata or Foreign
Now at		Usual Residence of Decedent  10a. Stete 10b. County		10c. City, T	own or Loc	eation				10d. 1	Inside City Limits
Deg.	tor	Maryland Montgom	ery	Silve	er Sp	ring					1 ☐ Yes 2 ☑ No
or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizan of V	What Country?	
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= ×		20e. Method of Disposition 1₺ Burial 2 ☐ Cremation 3	☐Removel from State	20b. Plece ceme	e of Dispos etery, crem	sition (Name of atory or other pl		Dete	20c. Location -	City or Town,	Stata
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Funeral Director: After this certificate has been signed by the attending physician and in by the funeral director, page 2 should be detached for use as the buriel-transit in properties of the funeral director, page 2 should be detached for use as the buriel-transit in properties of the funeral director.	edical Certification: To Be Completed by Physician/Medical	Immedieta Ceusa (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest  Part II. Other significant conditions  25. Wes case referred to medical exeminer?  1 Yes 2 No  27. Menner of Death 1 Noturel   5 Pending Investigation   1 Noturel   1 Noturel   2 Accidant   3 Sulcida   6 Could not determine   29a. Certifier (Check only one)	a. HUL  b. 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Place of Dither: 4 Nursing ury at ork? 1 Yes 2 No	23b. Did 1	tobacco use cor Yes 2 No an autopsy mad?  Yas 2 No ona) dence 6 Oth how Injury occur  Street and Numb wn, Stete)  ceuse(s) and ma dete end plece,	available of deat  1	acsuse of death?  y 4 Unknown  autopsy findings le prior to stion of cause h?  as 2 No  nuta Number,  d. ceuse(s)

DHMH 16 Rev 6/95

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death SEPTEMBER **Physician** 4.1996 1.12 am JOHN /Medical 4e. Fecility Neme (If not institution, give street end number) 7. Age (In yrs. last birthdey)

Months Deys Hours Min.

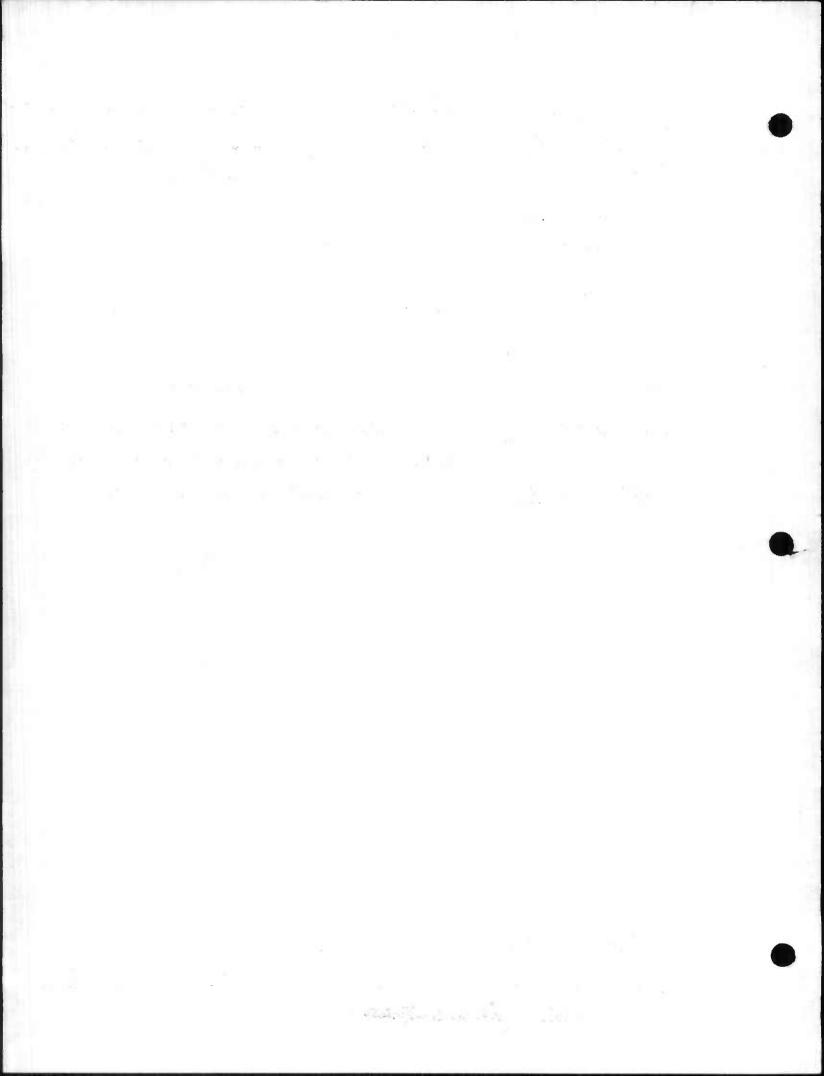
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1 ∑ Yes 2 □ No If Yes, Give Yeer or Detes: 1942-1945 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Biack, Whita, etc. 11. Meritel Status 1 Never Merried 2 Married Specify: Black þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Clergy 5+ Church 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Rose Unknown Banks John Felton P 19e. Informent'a Neme/Reietlonship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 8600 Mike Shapiro Dr., #305, Clinton, MD 20735 ce of Disposition (Name of Dete 20c. Location - City or Town, State Beatrice Felton - Wife 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 1 Burlel 2 Cremetion 3 Removel from Stete Cheltenham Veteran Cemetery9/9/96 Cheltenham, MD 4 Donetion 5 □Other (Specify) 21. Signeture of Funerei Service Licensei 22. Name end Address of Fecility Felton Funeral Services, P.O. Box 1351 leanor The 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on eech line. Approximata Interval Between Onset and Deeth Physician /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner BRY DISEASE Physician/Medical Examiner attending physician and for use es the buriel-transit The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Due to (or as e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by Completed 24b. Were autopsy tindings available prior to completion of cause ot deeth? 24e. Wes an autopsy performed? certificate has t director, pege 2 s 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Was case reterred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpetlent 3 DOA this funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28e. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred After Neturel 5 Pending death. 1 Yes 2 No Investigetion 2 Accident after death Director: 6 Could not be determined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) filled in by 4 Homicide hours a 24 hours a edical Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and plece, and due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end pleca, and due to the cause(s) and menner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ISCATAWAY 31. Dete tiled (Month, Day, Year) 32. Begistrer's Signeture State

Registrar

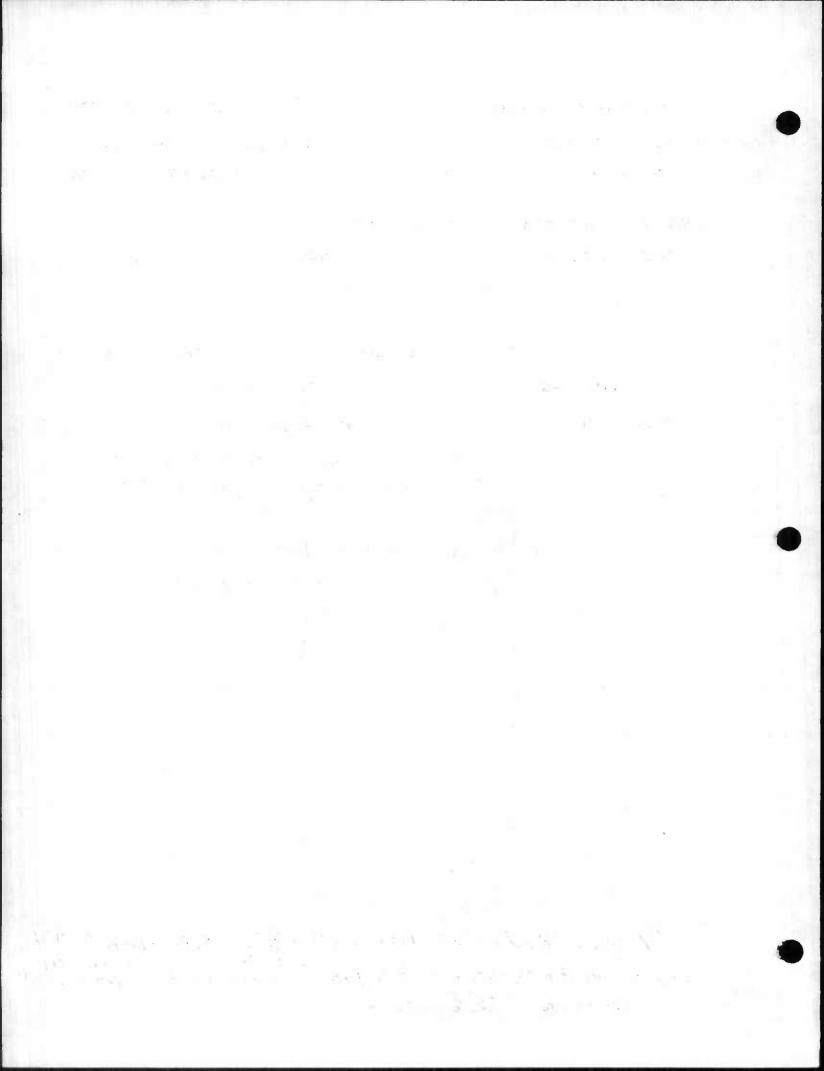
SEP 0 6 1996



State of Maryland / Department of Health and Mental Hygiene 96

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					Certi	ificate	e of	Death		Re	g. No.		
		1. Decedent's Name (First, Middle, L	est)							2. Date of Death	1	Water	3. Time of Death
Phys	ician dicai	CLARA VIRGINIA	FISCHER							Month SEPTEMB	ER 2.	Year 1996	10:55 AM
/ivie Exan		4a. Facility Name (If not institution, gr	ve street end number)					4b. City, To	wn, or Lo	cation of Death		y of Deeth	10.55 111
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Funer	ai			e (in yrs. lest b		If Under	1 Year	Silve If Under	24 Hrs.	8. Date of Birth (Month, Day,	Monte	9. Birtho	olace (State or Foreign ntry)
Directo	_	228-26-0993	1□ M 25kF	69	Yrs.	Months	Days	Hours	Min.				
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/lenc		10e. State 10b. County		10c. City, To	wn or Loca	ation						1	IOd. Inside City Limits
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28a	Director	10e. Straat and Number	omer y	PITA	er Sp	10f. Zip (				10	g. Citizen of	What Cour	ntrv?
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3 of	by	3 Widowed 4 □ Divorced	If Yes, Give Year or Dates:	NO	1	Yes 2	No No	Specify:			Specia	fy:	
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arylan should be and Mentel marked o	2	Cameron Fitzgera						Pea	rl B	rogan			
Marylo	100	19a. Intormant's Name/Relationship	Type, Print)	19	b. Mailing	Address	(Street	end Numb	er or Rurs	l Route Number,	City or Town	, State, Zip	Code)
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ges 1 e		20a. Method of Disposition	Demousifeen State	20b. Place cemet	of Dispositi ery, creme:	tion (Nem-	e of her ple	ca)		Date 2	Oc. Location	- City or To	own, State
Baltimor permit. Peges Department of Important: If ite		1 ☐ Burial 2 ☑ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci							. 0	/3/96 A1	orrand.	eio W	dundada
Baltimore, Maryland 21215-0020 permit. Peges 1 end 2 should be filed within 72 hours eft Department of Health end Mentel hygiene. Important: If item 27 is marked other than "natural", or any injury or other traumetic event, the Medical Exam	9	21. Signature of Funeral Service Lice	nsee	110.010	22. N	Name and	Addre	ess of Facilit	ly	1.3/20 AI	exalidi	Id, V.	rtgrnra
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1	100	shock, or heart failura. List only	one cause on each li	the death. Do	not enter	the mode	of dyli	ng, such as	cardiac c	r raspiratory arre	st,		Intarval Batween
Physicia								_			1		Onset end Death
/ /Medica Examine		Immediate Cause (Final disease or condition	METAS	TATIC	A	DEI	No	CAR	CIN	10MA	10	1	moNAt
		rasulting in death)		Due to (or as a	conseque	enca of):				1		1	MONNY INE
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X 58760, certificate be executed ding physician and se es the burial-transit	Examiner	Sequentially list conditions,	U	Dua to (or as a									
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os fou, filicete be ex physician es the burial	edicai	that initiated events resulting in death) Last	C	Due to (or as a	conseque	nce of):						1	
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0 0	Physician	Part II. Other significant conditions of	contribution to death by	ut not resulting	in the unde	erlying ca	use oi	en in Pert I		23h Did tot	28000 1186 00	ntribute to	the cause of death?
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Physician: r this certific and director,	To	examinar? 1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ Inpatie	nt 2 ER/O	outpetient	3□ DOA	A Oth	OF:		ne 5 KResider		ner (Snecifi	v)
Phys eral di	E	27. Magnar of Death	28a. Date of Injur	y, 28b.	Time of		c. Injur Wor			8d. Dascribe hov		-	,,
UNISION OF VICEI RECORGS, for Attending Physicien: The law requires the elter deeth.  Director: After this certificate has been signed in by the funeral director, page 2 should be	읖	1 Natural 5 ☐ Panding 2 ☐ Accident investigatio	(Month, De)	r rear)	Injury	м		Yas 2 □	No				
Attendi deeth ctor: /	100	3 ☐ Suicide 6 ☐ Could not b	200. Placa of Init	urv - At home, f	arm. street	t. factory.	offica		- 2	8f. Location (Str.	eet end Numi	ber or Rura	I Route Number
DIVISIO	Certification:	4 Homicide	building, etc	. (Spacify)		,,				City or Town,	Stete)		
DIVISION O To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: After th completely filled in by the funeral	0	29a. Certifier 1 Certifying Ph	violation. To the best of	d man han and a dam	- d4b		4 44 - 41-		4				
To the Hospita within 24 hours To the Funeral completely filled	edical	(Check only one)	ysician: To the best of niner: On the basis of	examination er	e, daath od nd/or inves	ccurred at stigation, i	t tha tin in my o	ne, dale an pinion, dea	d placa, a th occurre	nd due to the car id at the time, da	use(s) and me te and place,	enner as st and due to	ated. the cause(s)
To the Howithin 24 To the Fu	N N		and mannar sta	ited.		100-	1.7					1.004	5 W 1
5 ¥ 6 9		29b. Signature and title of certifier	11, 1	10				e number	2/		d. Date signe		
		- Chagain	Francis	a	MI	1 1	)3	12	26	> SE	PTEM.	BER	3,111
10		30. Name and address of person who	completed cause of di	aath (Item 23a)	(Type, Pri	int)		Sul	TE :	300		Ro	CKVILLE
		CAROLYN B HE	NDRICKS	mo	97	107	m	EDIC	71 (	Enry	2 Dr	16	3,1996 CKVILLE D 2085
S	tate	31. Dete filed (Month, Dey, Year)	/ / /	r's Signature								1.11	0 2 - 0 -
Regis		SEP 0 3 19	96 Julie	Deviden	-Adnot	400							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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1	- /	8	2	- /
£	- 1	U	Ç.,	- 8

10d. Insida City Limits

Approximate Interval Betw Onset and Death

1 ☐ Yas 2 No

**Physician** /Medical **Examiner** 

3. Time of Death 1996 11:02 a.

MONTGOMERY

**Funeral Director** 

Director

Funeral

by

Completed

Be

the Maryland 28a-f show 6 itsms 23a death 72 hours after "natural", or

traumetic event, the Medical Examiner must be notified at Pages 1 and 2 should be filed within in nent of Health and Mental Hygiene. Int: If Item 27 is marked other than 'r permit. Pages 1 and 2 s Department of Health ar Important: If item 27 is any injury or other trau

Baltimore, Maryland 21215-0020

P.O. Box 68760,

Records,

of Vital

Division

the Hospital

**Physician** /Medical Examiner

attending physician and for use as the burial-transit The law requires that the death certificate be executed signed by the al certificate has or Attending Physician: Be After this within 24 hours after death. To the Funeral Director: A

Examiner Physician/Medical by filled in by the funeral director, page 2 should Completed Certification: To Medicai

1. Dacadant's Name (First, Middla, Last) 2. Data of Daeth 31, MARGARET Μ. FOSTER August 4e. Fecility Nema (If not Institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Daath Shady Grove Nursing Center Rockville if Under 24 Hrs. If Under 1 Yaar Months Days 8. Data of Birth Month, Day, Year) Sept. 21, 1906 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthpleca (Stata or Foraign Country) New York Hours 1 M 204 89 128-18-0364 Usual Residence of Decadant 10e. Stata 10b. County 10c. City, Town or Location Montgomery Gaithersburg 10e. Streat and Numbar 10f. Zlp Coda 10g. Citizan of What Country? 12 Tobacco Leaf Court 20882 U.S.A. Was Dacadant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Spacify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) Rece - Amarican Indien, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 🔀 No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Marriad 1 ☐ Yas 2 No White 3 XWidowad 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Spacify only highast grade complated) 16b. Kind of Businass/Industry Elementary/Sacondary (0-12) Collage (1-4or 5+) 12th Telephone Phone Co. Operator 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Thomas O'Beirne Margaret Shay 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda 20882 19a. Informant's Name/Relationship (Type, Print) Margaret Bytnar (Daughter) 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Mt. Calvary Cemetery 9/4/96 Greenburgh, NY 4 ☐ Donation r 5 ☐ Othar (Specify) aften of uneral Service Licenses 22. Nama end Addrass of Facility
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 e, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. immadiata Ceusa (Final disaasa or condition rasulting in daath) Sequantielly list conditions, if any, laeding to immediata causa. Entar Undarlying Causa (Diseasa or Injury that initietad avants rasulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? No t 🗌 Yes 24a. Was an autopsy performed?

3 Probably 4 Unknown 24b. Ware autopsy findings available prior to completion of causa of death? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No

25. Was case rafarred to medical examinar' 2 No 1 Yas 27: Magner of Death

5 Pending investigation Accidant 3 Suicida 6 Could not be

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

28a. Plece of Injury - At home, farm, straat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Dascribe how injury occurred

26. Place of Death (Chack only ona)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a, Certifie 29b. Sign

Natural

4 Homicida

certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha causa(s) and manner as atated.

Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to tha causa(a) end mannar stated.

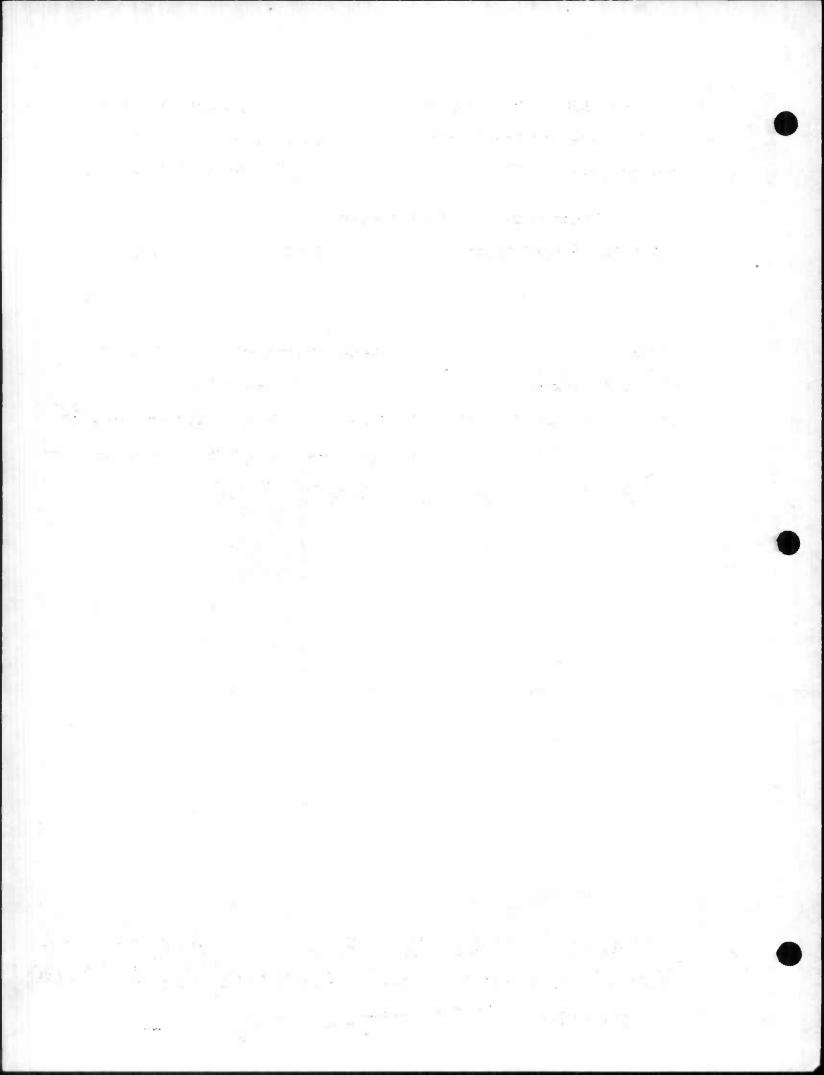
29c. Licansa number

29d. Date signed (Month, Day, Year)

31. Data filed (Month. Day. State Registrar

1996

32. Registrar's Signatura cha Davidson

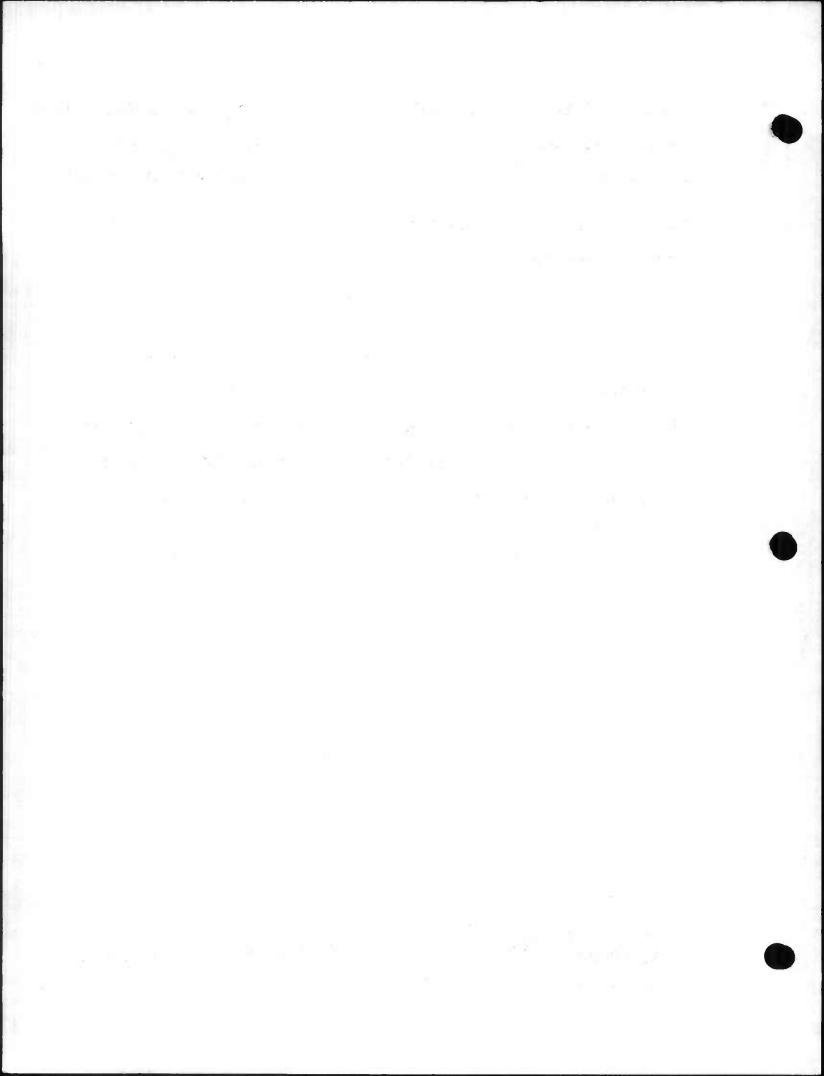


State of Maryland / Department of Health and Mental Hygiene

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_							Ce	rtificate	of	Death		F	Reg. No.			
П	Dhuala	1	1. Decedant's Nama (Fir.	st, Middla, La	ist)							2. Data of Dea Month	ath Day	Year	3. Time th	
	Physic /Medi		Pearl	Lor	ina	Gre	en					Septem		1996	1:12 AM	
	Exami		4a. Facility Nama (If not I	-						4b. City, Tov	wn, or L	ocation of Death				
4			Genesis Eld	er Car	~o					Lal	Plat		Cha	w1		
Н	Funeral		5. Social Security Number		Sax	7. Aga (In yr	s. last birthday)	If Undar 1		If Undar 2	24 Hrs.	8. Data of Birth (Month, Day		rles 9. Birtho	laca (Stata or Foraign	
44	Director		210 16 0202		1 □ M 2004F	9	1 Yrs.	Months D	ays	Hours	Min.	December	y, Year) 21 1004	Coun		
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	ylan		10a. Stata 10b.	County		10c. (	City, Town or Lo	ocation						1	Od. Insida City Limits	
	Ma Ma	to	Maryland Ch	arles		Wa	ldorf							}	1 XYas 2 □ No	
	r 28	Director	10e. Street and Number	MALICO D		YYCL	ICOLI	10f. Zip Co	ode				10g. Citizen of	What Coun	try?	
	death with the Maryland rms 23s or 28s-f show rmst be notified at	O I	3131 Heatho	acto D	555			20		12						
	death	Funerai	11. Maritai Status	oce R	12. Was De	cedant Evar In	U,S. 13.		)60 t of F		oln? (Sp	pecify Yas or No- Rican, atc.)	USA 14. Rac	e - Amaric	an Indian,	
0	r he		1 Navar Married 2	2 ☐ Married	Armed I	20KNo					, Puarto	Rican, atc.)	Bla	ck, Whita,	atc.	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylan f Heelth and Mental Hygiene. If Heelth and Mental Hygiene. "netural", or itema 23e or 28e-f show then 27 is marked other than "netural", or itema 2e or 28e-f show other traumatic avent, the Medical Examiner must be notified at	by	3€Widowed 4 □ [	Divorced	If Yas, C Yaar or	Biva Datas:		1 □ Yas 200	No	Specify:			Specif	y: Bla	a cale	
0-0	2 ho	Completed	15. [	Decedent's E	ducation		16a. Dece	dant's Usuai C	)ccup	pation			16b. Klnd of B			
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21	filed within Hygiene. other than	E	12	(0-12)	Collega	(1-401 5+)	Home	emaker					Domest	-10		
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<u>a</u>	Mental Mental arked o	ToB	Lonie Pinkr	nev						Car	rie	Hawkins				
Maryland	2 should and Men is marke aurmatic	-	19a. Informant's Name/F	-	Type, Print)		19b. Mailir	ng Addrass (S	treet	-		ral Routa Numbe		Steta, Zip	Coda)	
	and 2 seith and 2 n 27 is		Garnell W.	Croon	Son											
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Baltimore,													ne, Ma	ryland		
Ba	Departit. Departit Importusny Inje	H	21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility													
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			23a. Part1. Enter the dis	se, or com	pilcations that	caused the de	ath. Do not ent	er tha moda o	t dylr	ng, such as o	cardiac	or respiratory ar	rast,		Approximata Intarvai Between	
	Physician					0	( )	0	1	)		$\cap$			Onsat and Death	
7	/Medical		Immediate Cause (Finel disaese or condition		1/-	w lest	and	V-1=	K	The	برر	Dr / 8	When	J ox	Fin !	
	Examiner		rasulting in deeth)		8.	Dua to	(or as a consec	quence of):		7					100	
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99	certifica Iding ph	Jed	rasoling in death) Last											1		
XO	andir use	M/u			d											
m.	that the death of the death of the attended for u	Physician	Part II. Other significant	conditions	contribution to	death but not r	asulting in the u	ndarivino caus	ea oiv	an in Part I		23h Did t	obacco use co	ntribute to	the cause of death?	
0	t the de by the	hys			John Donning to	abatin bat not n	asolaly illata o	induriying odds	a gre	rear art ent i.			Yes 2□ No	3 □ Prot		
9	signed b	by P										''''	198 ZLINO	3 Proc	ALDIY 4 DINKHOW	
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<u></u>	cate he											1 🗆 Y	as No	1	Yas 2□ No	
VIII.	Physician: The this certificate ral director, pa	Be	25. Wes casa ratarred to examinar?	medicai	Hospital				044	- 4	ot Deet	th (Check only or	na)			
of	5 00 0	ဥ	1 Yas 2 No		T		☐ ER/Outpatier		Oth	Nur	rsing Ho	oma 5 Rasid			1)	
	tending Philosophia.	Certification:	27. Mangar of Death 1 2 Naturel 5 □	Pending	28a. Deta (Mo	a of Injury nth, Day Year)	28b. Tima of Injury		Injur Wor	rk?		28d. Describe h	low injury occur	red		
Division	Attending r death. sctor: Atte by the fune	cat	2 ☐ Accident 3 ☐ Sulcida 6 ☐	invastigatio Could not b				M	1 🗆	Yas 2 N	No					
$\leq$	or Att	E	4 ☐ Homicida	datamined	28a. Plac	a ot Injury - At ding, atc. (Spe	homa, tarm, str	eat, factory, or	ffica			28t. Location (S City or Tow		ber or Rura	I Routa Number,	
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	T V	Σ	29b. Signature and title of	certifier	^	/	1	29c	cans	a number		1	29d. Date signe	d (Month, I	Day, Year)	
			/ W	Mo	~ m	M	)	1	J	SNIC	ZC	1	917	212	4	
	to a		30. Name and address of	person who	completed car	usa ot daath (It	em 23a (Type,	Print)					11-	11		
					MD 113				AR	E SUI	TE	103 WA	ALDORF	, MD	20603	
	Sta	ate	31. Deta tiled (Month, Da	y, Year)												
	Regist	_	SEP	U 9 79	196.	the down	nature when Rand	all								



	TESSIE BERNIECE GLADKOWSKI MONTH DAY YEAR									3. TIME OF DEATH				
	4. SOCIAL SECURITY NUM 165-09-5		5. SEX 1  M 2  F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE C	F BIRTH Day, Year)		BIRTH Country	5:10 AM PLACE (State or Foreign Place (State or Foreign Place (State or Foreign Place (State or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Place or Foreign Plac
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DIREC	100. STATE  Maryland	10b. COUN	w Harford		10c. CI	TY, TOWN		TION Lstor						10d. INSIDE CITY LIMITS?
ERAL C	100. STREET AND NUMBER 605 Remingt	R					_	r. ZIP CO	Œ					1 ☐ YES 2 🔯 NO  *HAT COUNTRY?
BY FUNE	11. MARITAL STATUS  1 Never Married 2 3 Wildowed 4 Div	Merried	12. WAS DECEDE FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES	RMED NO	31 37	If yes, s		OF HISPA	NIC ORIGINT en, Puerto R			USA 14. RACE Bleck Speck	American Indian, White, atc.
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СОМР	6 17. FATHER'S NAME (First, Zigmund	Middle, Last) (U/K)	Nidzgors	iki .	H	Iomem	ake	18. MO		AME (First, M	iddle, Maiden			
TO BE	190. INFORMANT'S NAME Barbara A.	(Type/Print)		11				end Numbe	or or Aural	Route Number		n, Stete, Zip (	Code)	panski
4	20e. METHOD OF DISPOSI	TION lon 3 ∯ Rei		20b. PLACE	AND DATE	OF DISPO	SITION (N	ame of		DATE	20c. LC	CATION — C	ity or To	wn, State
	21. SIGNATURE OF PUHER	AL SERVICE L	I Mund	/	11017	22. H	NAME A	d K.	MCC	comas	III E	unera	1 Ho	ome, P.A. d. 21009
ERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING ury	c	O (OR AS A CONSE			1							
MEDICAL C	PART II. Other algoritic		ons contributing to	o deeth but not	resuiting	In the u	nderlylr	ng ceuse	given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  t YES 2
SICIAN:	25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	STHE	R:			heck only one				
ву РНУ	27. MANNER OF DEATH	Pending Investigation	26e. DATE O (Month,		28b. Til	-	26c. IN	JURY AT ORK? YES 2		5 Other 28d. DES		INJURY OCCU	JRED	
ETED B	25 Sulalda	Could not be determined	28e. PLACE	OF INJURY — At h j, atc. (Specify)	ome, farm,	atreet, fec	tory, offi	ce		26t, LOCA City o	TION (Street r Town, State	end Number a	or Rural A	loute Number,
COMPLE	29e. CERTIFIER (Check only		SICIAN: To the best of											) end manner as stated.
TO BE C	290. SIGNATURE AND THE	te	17/					29c, LIC	X3-	MBER 39		Clu	SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS LINDY 31. DATE FILED (Month, Day	4 6	Meruc	AR'S SIGNATURE	EM 27) (Typ	e, Print)	ul	eel	la	me	20	and	p	21015
	AUG 3		Jalia d	Auglest Ra	rfall									



DHMH 16 Rav 6/95

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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				Certificate o	of Death	Re	g. No.	0	_ 1000		
Dhusi	.1	1. Decedant's Nama (First, Middla, La.	st)			2. Data of Deeth Month		Year	3. Time of Death		
Physi /Med		MARGARET MA	ARY GREEN			Septembe	,		1:50 P.M.		
Exam		4a. Fecility Neme (If not Institution, give	e street and number)		4b. City, Town, or Lo	ocation of Death	4c. County	of Death			
		1410 Clearview F			Edgewoo			rford	Ē		
Funera Directo	_	5. Social Security Number 6. S 1 215-12-5483 Usual Residance of Decedant	ex 7. Aga (In yrs. I	Ast birthday) If Under 1 Ye  Yrs. Months Day		8. Data of Birth (Month, Day, April 30			laca (Stata or Foreign try) yland		
yland m		10a. Steta 10b. County	10c. City	, Town or Location				10	Od. Inside City Limits		
the Mar 28a-f st notified	ector	Maryland Harf	ford E	Edgewood		100	0111		1 ☐ Yas 2 📉 No		
th with	Funeral Director	1410 Clearview Ro	1.	10f. Zlp Code	21040	10	g. Citizen of W US		try?		
r dee	Iner	11. Maritel Status	12. Was Decedent Ever in U, Armed Forcas?	S. 13. Was Decedant of If Yas, specify C	of Hispanic Origin? (Sp uban, Mexicen, Puarto	ecity Yes or No- Ricen, etc.)		- America	en Indian,		
21215-0020 s within 72 hours effer deeth with the Maryland liene, then "natural", or items 23a or 28a-f show the Marcial Examiner must be notified at	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Datas:	1□ Yas 2万N			Specify:				
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State Registrar

SEP 03 199

32. Registrate Signature

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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32. Registrar's Signatura

Julia Davidson Randall

State

Registrar

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State of Maryland / Department of Health and Mental Hygiene

1. Decedent's Name (First, Middle, Last)  Physician /Medical Examiner  1. Decedent's Name (First, Middle, Last)  Mary Valda Haller  Augu  4a. Facility Neme (If not institution, give street and number)  4b. City, Town, or Location of	St 24 1996 0700 AM  Deeth 4c. County of Deeth													
/Medical Mary value natier Augu	St 24 1996 0700 AM  Deeth 4c. County of Deeth													
de Coellie Name (Marchinette also et and another)														
Harford Memorial Hospital Havre de Grace	Harford													
Funeral 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Dete (Months Deys Hours Min. (Months Deys Hours Min. )	of Birth h, Dey, Year)  9. Birthplece (State or Foreig													
Director 171-24-5268 88 48. 3/2	8/08 Pennsylvani													
Usuel Residence of Decedent														
10a. State 10b. County 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. City, Town or Location 10c. Ci	10d. Inside City Limita 1 ☐ Yes 210 No													
10a. State 10b. County 10c. City, Town or Location Delta  10a. State 10b. County Delta  10a. State 10b. County Delta  10b. City, Town or Location Delta  10c. City, Town or Location Delta  10c. City, Town or Location Delta  10d. Zip Code  17314  11. Meritei Status 12. Was Decedent Ever in U.S. Armed Forces? 1   Yes 2 Merited 1   Yes, specify Cuben, Mexican, Puerto Rican, et if Yes, specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, Puerto Rican, et if Yes, Specify Cuben, Mexican, et if Yes, Specify Cuben, Mexican, et if Yes, Specify Cuben, Mexican,	10g. Citizen of Whet Country? USA													
11. Meritei Status  12. Wes Decedent Ever in U.S. Armed Forces?  13. Was Decedent of Hispenic Origin? (Specify Yes Armed Forces?)	or No- 14. Race - American indien,													
1 Never Married 2 Merried 1 Yes 2 X X You 1 Yes 3 X Widowed 4 Divorced Year or Detes:	Bieck, White, etc.  Sowhite													
15. Decedent's Education (Specify only highest grade completed)  16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)	16b. Kind of Business/Industry													
1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   2   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes   1   Yes														
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C. Randall Haller/son 660 Village Dr., BoxP5	20c. Location - City or Town, Stete													
20b. Method of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Locase 22. Name end Address of Fecility 22. Name end Address of Fecility	Delta,PA 17314													
Sate Ridge Cemetery 8/28    Company of Funeral Service Licensee   Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of Commerce of	21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Harkins F.H.Inc., Delta, PA 17314													
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Physician Physician	Intervel Between Onset end Deeth													
/Medical Immediate Cause (Finel disease or condition resulting in death)  e. ObsTrucTive Read Fall	my wts													
Presulting in deeth)  Due to (or es e consequence ot):  By (alice) We tend Shotz	uction WLS													
Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest  Due to (or es e consequence of):  Due to (or es e consequenca of):														
Cause (Disease or injury that inflieled events resulting in death) Lest	mez,													
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25. Wes case referred to medical examiner?  1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5	only one)													
25. Wes case referred to medical examiner?  1	Residenca 6 □Other (Specify)													
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	Physic /Medi		Decedent's Name (First, Middle, L     William	Georg	e	Henry, J		2. Date of De Month August	. 28 1	996	3. Time of Death 2145
	Exami Funeral Director	ner		lle Pike	67 Yrs.		Monk to Monk to If Undar 24 Hrs. Hours Min.	on	Har	ford  9. Birthpi	ace (State or Foreign ry) 15ylvani
	Aaryland f show ed at	o.	10a. State 10b. County  Md • Har:	5 cm d	10c. City, Town or		ettsvil	170		10	od. inside City Limits 1 ☐ Yes 2 No
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020	72 hours efter death with the Manyland natural", or items 23s or 28s-f show dies Examine must be notified at	by Funeral	11. Marital Status  1 Never Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedant E Armed Forces? 1 X Yes 2 N	evar in U,S. 13	3. Was Dacadent of Hif Yes, specify Cubi		pecify Yas or No o Rican, etc.)		ca - America ck, White, e	an Indian,
21215-00	han .	Completed	15. Decedent's Elementary/Secondery (0-12)	ducation	16a. Dec (Gir life	cedent's Usual Occup ve kind of work done . DO NOT use retired itary PC	during most of wor d)	king	16b. Kind of 8	usiness/Ind	ustry
arylan	should and Men americ umeric	To Be C	17. Falher's Name (First, Middle, Las William Gre ( 19a. Informant's Name/Relationship	orge Hen	ry Sr.	illing Address (Street	18. Mother's Nam	n Grad	Maidan Suman	ne) Vidso	n
nore, M	permit. Pages 1 end 2 should Department of Health end Men Important: If Item 27 Is marke any injury or other traumatic once.		Sue A. Henry  20a. Method of Disposition  1 ABurial 2 Cremation 3		P. O 20b. Place of Dis cametery, co	Box 13 position (Name of rematory or other place	l Jan	retts	zille,	Md . City or Tov	21084 wn, Stata
Baltir	permit. P Departme Important any Injury		4 Donation 5 Other (Special Signature of Funeral Service Lical Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control of Special Control	A	Highvi	ew Mem. 22. Name and Addra Kur	Gar. ss of Facility tz Fune rettsvi	8/31   eral Ho	Falls	.A.	Md.
	Physician /Medical Examiner	ner	23a. Pert1. Enter the disease, or con shock, or heart failure. List only Immediate Ceuse (Final diseasa or condition resulting In deeth)	a. Conta	0	n wound o			rrast,		Approximate Interval Between Onset and Death
Box 68760,	iaw requires that the death certificate be executed es been signed by the ettending physician end a 2 should be deteched for use es the buriel-transit	n/Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disees or Injury that initiated avents resulting in death) Last	C	Due to (or as a cons						
P.O. B	res that the death certificated by the ettending be deteched for use e	/ Physician/M	Part II. Other significant conditions	contributing to death but	t not resulting in the	underlying cause giv	en in Part f.		tobacco uaa co Yee 2⁄2 No		the cause of death?
Records,	hes been sign te 2 should be	Completed by							an autopsy rmed?	avai	re autopsy findings ilable prior to ipletion of cause eath?
Vital	certificate	Be	25. Was case referred to medical examinar? 10∑ Yes 2 □ No	Hospital: 1 ☐ Inpatien		ont 3 DOA Oth	26. Place of Dee		one)		Yes 2□ No
ivision	r Attending ter death. Irector: Afte n by the fune	Certification: To	27. Manner of Death 1 Natural 2 Accident 3 Suicida 4 Homiolde 5 Pending investigation 6 Could not be determined	28a. Dete of Injung (Month, Day)  August 2  28e. Placa of Injung building, etc.	Year) 28b. Time Injury 8,1996 1	of 28c. Injur	4 Li Nursing II	Subject 28f. Location (3 City or Tow	dence 6 00th how injury occur t shot s Straat and Numb wn, State) Trettsv:	elf er or Rural Monki	Routa Number,
	within 24 hours after d To the Funersi Direct completely filled in by	edical	one) 2 Madical Emil	y licing. To the lest of ning: On the basis of e and manner stat	my knowledge, dea	investigation, in my o	pinion, death occur	and due to the	cause(s) and ma	nner as sta	ted
)	No.	M	29b. Signature and not get serift.  30. Name and address of person who	completed cause of de	ath (Item 23a) (Tyme	60	OCME		29d. Data signe Augus		
	Sta Registr		John B. Smialek, 31. Data filed (Month, Day, Year) SEP	M.D. Chie	ef Medica	1 Examine	111 F	enn St.	, Balto	., MD	21201

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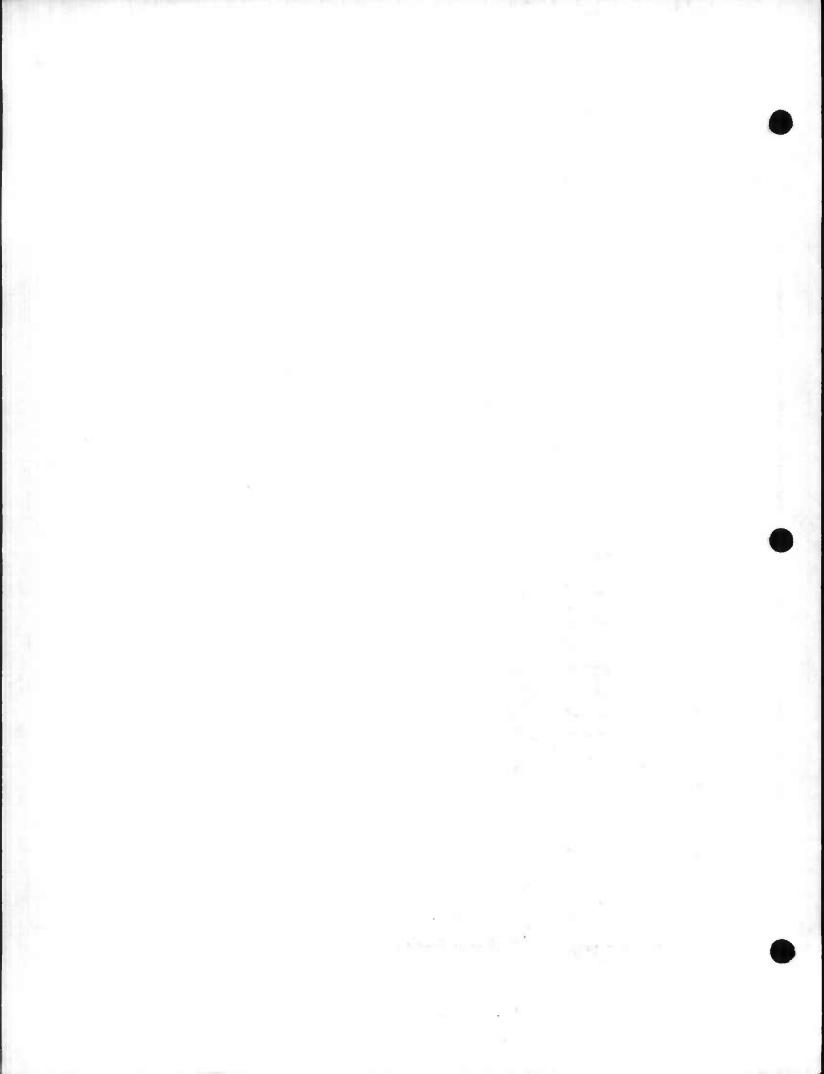
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL OHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely I be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crematio	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ALE OF	DEATH	REG	a. NO.				
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF OEATH		
	Marian	Murphy Hue	ecker			9		996	2:45 A M		
- 4	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	a. BIRTHE	PLACE (State or Foreign		
	210-34-7851	1 🗆 M 2 🕅 F	92 YRS. MC	ONTHS DAYS	HOURS MIN.	(Month, Day, 1		Country	)		
	9a. FACILITY NAME (If not institution, give s		92				Nov. 9, 1903 Pennsy				
~			9	b. CITY, TOWN C	OR LOCATION OF O	EATH	9c. COI	UNTY OF DE	ATH		
Ö	Villa Rosa Nursin	ig Home		Mitche]	llville		Pr	ince	Georges		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT										
2			10c. CITY, 1	OWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?		
FUNERAL DIRECTOR		Arundel	Cro	fton					1 X YES 2 NO		
4	10e. STREET AND NUMBER			101	. ZIP CODE		10g. Cf	TIZEN OF W	HAT COUNTRY?		
E	1701 Dryden Way				21114		Un:	ited	States		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS OEC	ENDENT OF HISPAI	NIC ORIGIN? (Spec		14. RACE	- American Indien.		
E.	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuben, Mexico	n, Puerto Rican, e		Black,	White, stc.		
BY	3 Wildowed 4 X Divorced	IF TES, GIVE WAR OR DA	(IES	1   TES	2 X NO Specif	y:		Specify	White		
	15. DECEDENT'S EDU	ICATION	18a. DECEDENT'S US	UAL OCCUPATION	DM .	T 165 KIND	OF BUSINESS/IN	IDHETEV	WILLE		
	(Specify only highest grade	e completed)	(Give kind of work	k done durina mo	st of working	Too, Killo	OI DOSINESS/III	DOSTAT			
	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		•		72 1					
¥		JT	School '	reacher			ation				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				Charles and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	ME (First, Middle, I					
BE (	Thomas A. Murphy				Ellen N	1cCarthy					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street a	and Number or Rural	Route Number, City	or Town, State, 2	(ip Code)	16-5-1-1		
٩	Harold J. Huecker	- Son	1701 Dr	yden Wa	y, Croft	on. Mar	vland :	21114			
			PLACE AND DATE O				Oc. LOCATION -		un State		
	20e. METHOD OF DISPOSITION  1 Burlel 2 X Cremetion 3 Rem	noval from State	remetany crematony or	other place!		1					
	4 Donetion 5 Other (Specify)	jro:	rt Lincol		ND ADDRESS OF FA		rentwoo	od, Ma	aryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	1			Rinaldi		Home.	Inc.			
	Inde 7 - 1	Muse							Spring, MI		
-7	PART I. Enter the diseases/or	complications that caused	I the death Do not	enter the mo	de of dulna au	b as cardiac or	respiratory s	TIVEL	Approximate		
	PART I. Enter the discoses or ahock, or heart failure.	Liet only one ceuse on e	ech line.	1					Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition	Cardi	20 035	100							
	resulting in deeth)	0	CONSEQUENCE OF:	0001							
		4/0/ 04	e MI.	1. 1							
CERTIFICATION	Sequentielly list conditions,	b. 000 000	CONSEQUENCE OF:	Lhei	mer						
Ĕ	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
0	cause, Enter UNDERLYING CAUSE (Disease or injury	C									
늗	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
H	reaulting in death) LAST	d									
	DART II Other significant condition			**		2 at 1					
₹	PART II. Other aignificent condition	ue counting in death p	ut not reeuting in	the underlyin	g cause given in	Part I. 24a. V	PERFORMED?	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL						1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
									1 YES 2 NO		
2											
¥	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (C)	heck only one)					
ᅙ	EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (O	rock only only					
₹	1   YES 2   ANO	1   Inpetient 2   ER/Outp	atient 3 DOA 4	Nursing Hon	ne 5 🗆 Realdence	6 Other (Spec	ffy)				
PHYSICIAN:	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME (	DF 28c. IN.	JURY AT ORK?	28d. DESCRIBE	HOW INJURY O	CCURED			
ΒY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicide e Could not be	28e. PLACE OF INJURY	— A1 home, ferm, atro	et, factory, offic	10		(Street and Numb	per or Rural R	loute Number,		
ш	4 Homicide detarmined	building, etc. (Spec	ыту)			City or Town	i, State)				
COMPLETED	29a. CERTIFIER				-						
<u>a</u>	(Check only	SICIAN: To the best of my know									
6	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	n end/or investigation,	In my opinion,	death occured at the	a time, date and p	iace, and due to	the cause(e)	) and manner as stated,		
	29b. SIGNATURE AND TITLE OF CERTIFIE	R		-	29c. LICENSE NU	MBER	29d, D/	ATE SIGNEO	(Month, Day, Year)		
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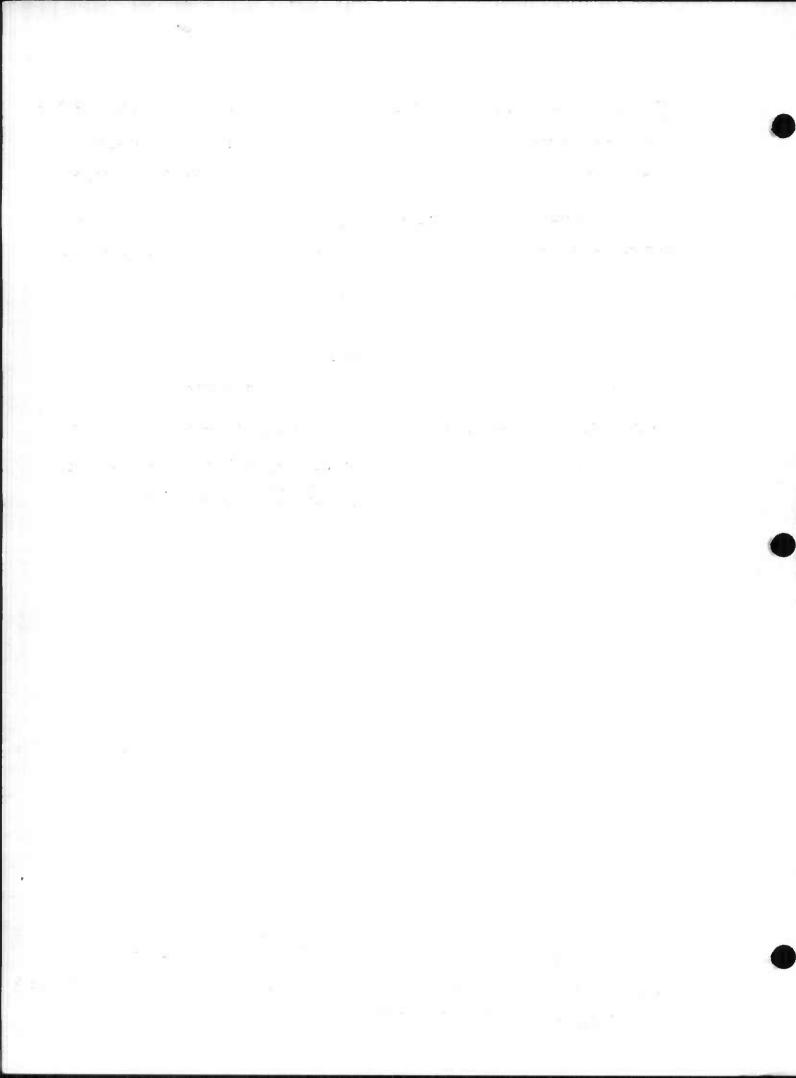
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ector. After this certificate has been signed by the attending physicial by the funeral director, page 2 should be deteched for use as the bur liftcation: To Be Completed by Physician/Medical		fmmediete Cause (I disease or condition resulting in deeth)  Sequentially list con if eny, leading to im ceuse. Enter Unde Cause (Disease or thet initiated events resulting in deeth) L  Pert II. Other signifil	red to medic  S Pend inves:  Cartifyl 2 Medica title of certifl-	b c. d. d. d. d. d. d. d. d. d. d. d. d. d.	cetions that ce ceuse on e	Due  Due  Due  Due  Due  Due  Due  Due	e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to (or es e to 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Place of Other: 4   Nurshiury at Vork?   Yes 2   Note of Yopinion, deeth	f Deeth (Cing Home) 286	23b, Did to 1 Ye 24e. Wes al perform 1 Ye 5 Reside h. Location (St. City or Town	obacco use come 2 No n autopsymed?  ses 2 No ne) ence 6 Otto ow injury occupant, Stere)  susse(s) end mete and piece	3 Prof	o the cause bebly 4/ ere autops allable pric mipletion o death?  Yes 2  fy)	of death  of death  unknow  findings  to  cause

Registrar

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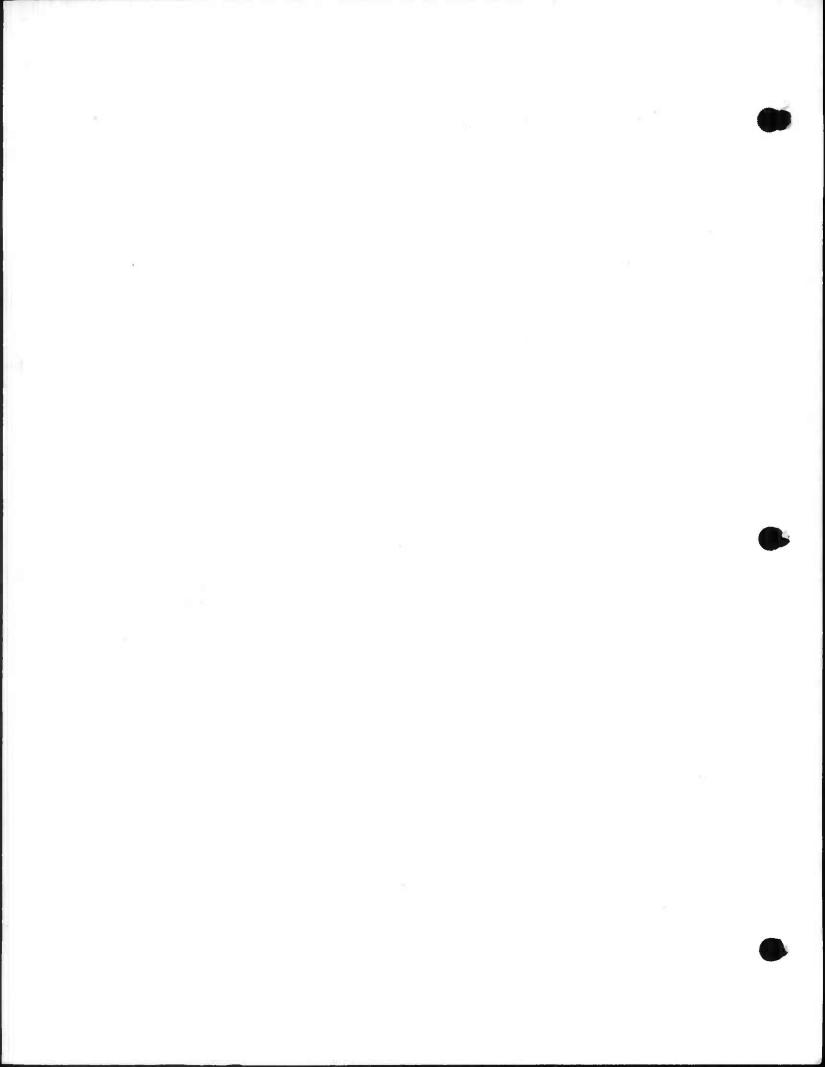
MORE, MARYLAND 21215-0020	ge 6 may be retained by the hospital or attending physician.	frector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	r must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO						
9	1. DECEDENT'S NAME (First, Middle, Lest)  LAURA	BELLE	- +	TEALI	)	2. DATE OF DEATH MONTH	6 9%	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 568 24 5033	1 M 2 XF	TE (In yrs. lest birthday) TS YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 7, 1	8. BH	RTHPLACE (State or Foreign unity) Ckansas				
TOR	99. FACILITY NAME (If not institution, give at 9700 OLD SPRING RESIDENCE OF DECEMENT											
DIRECTOR	10a. STATE 10b. COUNTY	GOMERY	MERY KENSINGTON									
FUNERAL	9700 OLD SPRING		•		1. ZIP CODE 20895			F WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2/L/NO	If yes, ap	CENDENT OF HISPA Decity Cuben, Mexic 3 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	8	ACE — American Indian, ack, Whita, atc.				
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)  £OUL	(Give kind of life, Do NOT u	B USUAL OCCUPATION work done during mose retired.)  Y ASST.	ON ost of working		PÜBLI	C SCHOOLS				
	17. FATHER'S NAME (First, Middle, Lest) WILLIAM A	N. COTT			18. MOTHER'S N. EDNA	AME (First, Middle, Malden DAYTON						
8	WILLIAM A.  19a. INFORMANT'S NAME (Type/Print)	McCOLLU		ADDRESS (Street )		Poute Number, City or Tow	m State Zin Codel	20906				
2	BRENDA VANAGS D	AUGHTER				RD. SIL						
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION - City or	Town, State				
	21. SIGNATURE OF FUNERAL SURVICE LIC	12 13	calu	TAKOM	ND ADDRESS OF FA	RAL HOME	INC 25	4 CARROLL				
	23. PART i. Enter the diseases, or cahock, or heart feiture.	omplications that caus	sed the death. Do	not enter the mo	de of dying, suc	SHINGTON	iretory arrest,	Approximata				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. MYOC ARDIAL INFARCTION  ACUTE  APProximate Interval Between Onset and Death ACUTE											
NO	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
CATI	If any, leeding to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
EDICAL C	PART II. Other eignificant conditions	s contributing to death	but not recuiting	in the underlyin	g csuse given in	Part i. 24a. WAS AN PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE				
MED						1 YES 2	Codo	OF DEATH?				
AN	DID TOBACCO USE CONTR	IBUTE TO CAUSE		ES NO C	UNCERTAI	N 🔼						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	a 5 X Basidanca	8 Other (Specify)						
PHY	27. MANNER OF DEATN	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIR	E OF 28c. INJ		28d. DESCRIBE NOW I	NJURY OCCURED					
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO							
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	il Floute Number,									
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC 2 MEDICAL EXAMINET	CIAN: To the best of my kn	owledge, death occurr tion and/or investigation	ed at the time, data on, in my opinion, d	and place, and due	to the cause(e) end mai	nner as stated.	e(a) and manner es stated.				
H	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and signature and title of certifier  29c. LICENSE NUMBER  DOTOGG  AUG. 3											
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	3 2 -	1 7		30/6				
	31. DATE FILED (Month, Day, Year)	AYLE 10215 FERNMOOD RY PETHENDS MB 20817										
	CED 0.2 100C		March 20									

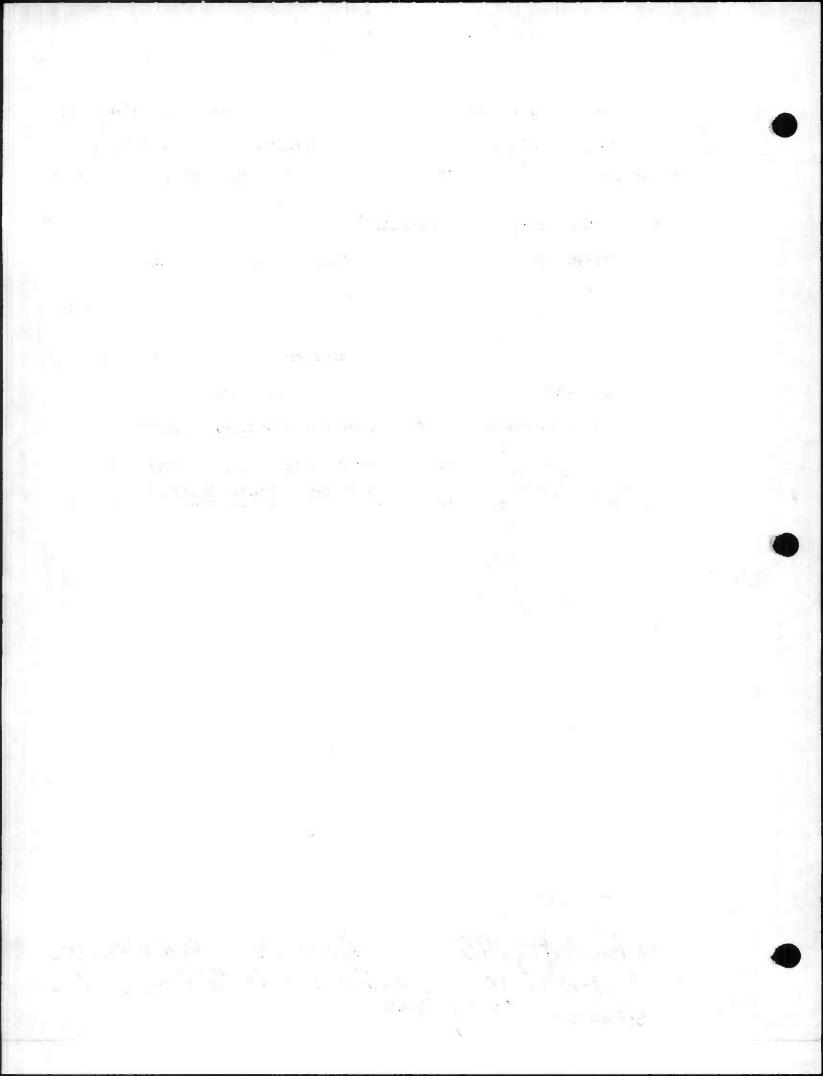




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State of Maryland / Department of Health and Mental Hygiene 96 27838

								C	erti.	ficate of	f D	eath	R	eg. No.			00
1.60	Sec		1. Decedent's Name (First, Midd	le. Last,	)								2. Date of Dea Month	th	V	3. Time o	of Death
	ysicia Nedic		Clara S	. H	Horow:	itz							Augus	t 28	8,1996	6:	03am
	amin	-	4a. Facility Name (If not institution	n, give	street end nu	ım <i>ber)</i>					4b.	City, Town, or Lo			ounty of Death		
			Suburban	Ho	spital						E	Bethesda		Mo	ntgome	CV	
Fun	erai		5. Social Security Number	6. Set		7. Age	(In yrs. las	t birthda		f Under 1 Yea Months Days		If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day			place (State	or Foreign
Direc	ctor		281–14–0578	11	]М 2√2 F		76	Yrs.		July C		TVIII.	October	:11,1	919	"''Ohi	.0
pue &	***		Usual Residence of Decedent  10a. State 10b. County		-		10c. City, T	own or	Locat	ion					1	IOd. Inside C	City Limits
Mary!	e pa	5	MD Mon	L ~ ~ -			D										s 2 No
the 288	報	Director	10e. Street end Number	Lyon	mery		KC	ockv		10f. Zip Code			1	On Citizer	n of What Cour	ntrv?	
with w	8		4 Barkwo	04 (	71					2085							
death	E	Funeral	11. Maritei Status	-	12. Wes Dec	edent E	ver in U,S.	10	3. Wa			panic Origin? (Sp Mexican, Puerto	ecify Yes or No-	-	SA Rece - Americ	can Indian,	
5-0020 72 hours efter death with the Maryland naturel", or Items 23s or 28s-f show	all lines		1 Never Merried 2 Mar	rled	Armed Fo 1 ☐ Yes	20 N	0						Rican, etc.)		Black, White,	etc.	
21215-0020 d within 72 hours ef giene. er than "naturel", or	Eva	þ	3 ☐ Widowed 4 ☐ Divorced	ı	If Yes, Gi Year or D	ive Dates:			1 🗀	Yes 25 No	0	Specify:		Sp	pecity:	White	
15-0020 72 hours efter death with the Maryier "naturel", or Hems 23a or 28a-f show	3	Completed	15. Deceder (Specify only highe	nt's Edu	cation		1	6a. De	ceden	t's Usuel Occu	upeti	ion	ina	16b. Kind	of Business/In	dustry	
		idu.	Elementary/Secondary (0-12)		College (	1-4or 5-	<b>+</b> )	life	. DO			ring most of work	n ig				
nd 212 e filed with ai Hygiene. other than	or other treumatic event, the M	ပိ	47 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	4 - 0		5+				Home					Own Hon	ne	
Maryland nd 2 should be file th and Mentai Hy 7 is marked oth	0 0	Be	17. Father's Name (First, Middle,								1	8. Mother's Nam-	e (First, Middle, i	Maiden Su	imeme)		
arylan should be and Mentail	matic	ို	Frank St		-								Mercer				
Mar 12 she h and	red		19a, tnformant's Name/Relations									nd Number or Run				Code)	
e, land	ther		Harold Horow  20a. Method of Disposition	ltz,	Spous	e	20h Plac			WOOD C	Ct.	, Rockv			53 tion - City or To	oum State	
To ages	0		1 Burial 2 ☐ Cremation		lemovel from	State	cem	etery, c	remet	ory or other pl				200, 2008	tion - City of Te	IWII, Stete	
Baltimore, semit. Pages 1 at Department of Head mportant: If Head mportant: If Head S	any Injury		4 Donation 5 Other (S		CATE IN		Jude			morial			8/30	01n	ey, MD		
Baltimore, M permit. Pages 1 and 2 Department of Health s Important: If Item 27 is	any lr		21. Substitute di Funeral Service	Come	-					ame end Addi Edward		igel Fund	eral Dir	ectio	on		
		_	12				Simo			.091 Ro	ock	ville P	ike, Roc	kvi1	le, MD	20852	
			23a. Part1. Enter the disease, or shock, or heart failure. List	only or	cations that one cause on e	each iine	the death. I	Do not e	enter t	he mode of dy	ying,	such es cardiec	or respiratory arr	est,	1	Approxima Intervel Be Onset and	te stween
Physic /Medi			Immediate Cause (Finel		000		-	1	$\mathcal{L}$	1.00	,				le i,		
Exami	_		diseese or condition resulting in death)	8	160	PK	9101	1	a	11016					41	VIIVEL	me
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pen p	ansit	Examiner	Convention line and date.	C 1	VII	EVI	Due to (or es	a_	2001101	200 06):							73
exec an an			Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying		/		700 to (01 6t	o o com	oduoi	ica oi).					i		
68/60, flicete be executed physician and	ng et	cai	that initiated events	٥		D	ue to (or es	e cons	equer	nca of):			-		-		
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the death	deteched for us	Physician/	Part II. Other stgniftcant condition	ons con	tributing to d	eath but	t not resultin	ng in the	unde	rtylng cause g	given	in Pert I.	23b. Dld to	bacco us	e contributa t	the cause	of death?
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law requires that les been signed t	should	Completed											24a. Was a perfor		ev	ere autopsy eilebie prior mpletion of	to
s law	N	현													of	death?	cause
The the	Bed .	် ပိ											1 □ Y	es 201	Vo 1[	☐ Yes 2☐	] No
Of Vital Physicien: The	sctor	Be	25. Wes case referred to medica examiner?	-							2	26. Place of Deat	h (Check only or	ie)			
Physic this or	dire	ရ	1 Yes 2₽No	Н	lospital: 1 D	mpatien	t 2 ER	/Outpat	ient	3LI DOA	Other:	4 LI Nursing no	me 5 Reside	enca 6	Other (Specit	y)	
On Conding Plant	nera	 0	27. Menner of Death 1 ☑Netural 5 ☐ Pendir	na	28e. Date (Mon	of Injury th, Dey		b. Time Injury	of	28c. Inju	ork?	et .	28d. Describe h	ow injury o	occurred		
UVISION OF VITAL RECORDS, 1 or Attending Physicien: The law requires the effer death.  Director: After this certificate has been signed.	the	cati	2 Accident Investi	1								es 2 No					
or Attendent deat Director:	i by	Certification:	4 ☐ Homicide determ	nined	28e. Piace buildi	of Injur	ry - At home (Specify)	, farm,	street	, factory, office	0		28f. Location (Si City or Town		vumber or Aura	Il Route Nun	n <i>ber</i> ,
pital	De l		29a. Certifier 1 Certifyir	- Dh	latas Tana	h = -4 -4											
To the Hospital or within 24 hours effe To the Funeral Dir	completely filled in by the funeral	edicai		Examir	ner: On the b	asis of e	examination	end/or	Inves	tigetion, In my	opin	, dete end plece, nion, death occurr	ed at the time, d	ate and pl	ece, and due to	the cause(	s)
To the within 2 To the	d :	Z Z	29b. Signature end title of certifie	r ,	and mon	101 5151	ou.			29c. Licen	nse n	number	2	9d. Dete s	signed (Month,	Dey, Year)	
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11		+	30. Name and address of person	whom	mpleted caus	se of do	ath (Item 22	la) (Tun	e Drie	1 4/ <	//	100		wyv	71 00	11/1	4
2			Irm Paul Kro	£9	าทา 1	nn	7.11	)/ /	MA	dirol	A	6-1(0	51	6,5%	Vina	709	07
	Stat	е	31. Date filed (Month, Day, Year)		√3 <b>9</b> . <u>B</u>	egistra	's Signatur	n ·	111	TICUL	1	7 1 0 0	7.10	1	1		
Reg	gistra		SEP 0 3 19	96	ju	e Du	14 dan-	A. D.		•							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

27839

**Physician** /Medical **Examiner**  1. Decedent's Neme (First, Middle, Last) RICHARD

ISAKSON, II.

Yrs.

2. Dete of Deeth Month AUG.

3. Time of Death

4e. Fecility Neme (If not institution, give street end number)

MCCREADY HOSPITAL

4b. City, Town, or Location ot Deeth

CRISFIELD

31, 1996 0505 AM 4c. County of Deeth

SOMERSET

**Funeral** Director

death

efter

filed within 72 hours

**Physician** 

/Medical

physician end s the buriel-transit

88 USB for ed by the a

8

page 2 certificate

funeral

2

C

Hospital or Attending Physician: 24 hours effer death. Funeral Director: After this certifics

To the Hospital or within 24 hours eft To the Funeral Di completely filled in

The lew requires that the death certificate be executed

Box 68760

P.O.

Records,

Vital

of

Division

Physician/Medical Examiner

þ

Completed

Examiner

Baltimore, Maryland 21215-0020

282-70-8702 Usual Residence of Decedent 10e. Stete 10b. County

5. Social Security Number

7. Age (In yrs. last birthday)

if Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) June 30, 1960

 Birthplece (State or Foreign Country) Ohio

28a-f show be notified at Director Maryland ò Items 23a the Medical Examiner neat Funeral 6 by "natural", Completed Hygiene. other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked othe any injury or other traumatic event once.

Be

10c. City, Town or Location Somerset

1**X** M 2□ F

Marion Station

10f. Zip Code

10d. Inside City Limits 1 ☐ Yes 2 No

10e. Street end Number

27631 Crisfield-Marion Road 12. Wes Decedent Ever in U,S. Armed Forces?

Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexicen, Puerto Rican, etc.)

14. Race - American Indien, Bleck, White, etc.

11. Mentel Stetus 1 Never Married 2 Married

10 Yes 2 No 1979 to 1979 to Yesr or Detes: 8/31/96 3 ☐ Widowed 4 ☐ Divorced

1 ☐ Yes 2 No Specify:

Specify: White 16b. Kind of Business/Industry

10g. Citizen of Whet Country?

USA

15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12)

12

College (1-4or 5+) 4

16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Senior Chief Fire Controlman

21838

United States Navy

17. Fether's Neme (First, Middle, Lest)

Richard T. Isakson

18. Mother's Name (First, Middle, Meiden Surname)

Lorraine Cross

19e. Informent's Neme/Reletionship (Type, Print) Vanessa Ann Isakson (wife)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21838 27631 Crisfield-Marion Road - Marion Station, MD

20e Method of Disposition

1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Pleca of Disposition (Neme of cemetery, cremetery or other plece)

20c. Location - City or Town, Stete

21. Signeture of Funeral Service Licensee

Carbuth Burel lewer

Sunnyridge Memorial Park 9/4/96 22. Name end Address of Fecility

Crisfield, MD Bradshaw & Sons Funeral Home

Robert H. Bradshaw

306 W. Main St. - Crisfield, MD 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line.

21817 Approximete Interval Between Onset end Deeth

Immediate Cause (Final disease or condition resulting in death)

Exsangunation

Due to (or es a consequence ot):

Sharp force injuries left thigh

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events

Fall onto glass top table
Due to (or es e consequence of):

resulting in deeth) Lest

Pert II.	Other significant conditions	contributing to	death	but not	resulting	in the	underlying	ceuse	given	in l	Pert

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings aveileble prior to completion of cause ot deeth?

1 ¥Yes 2 □ No

26. Plece of Deeth (Check only one)

111 Penn Street, Baltimore, Maryland 21201

1 ☐ Yes 2 ☐ No

25. Wes case reterred to medical XXYes 2 No

27. Menner of Deeth

1 Naturei

2 Accident

3 Sulcide

4 Homicide

Hospitel: 1 ☐ Inpatient 

MER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Pending investigation

8-31-96

28b. Time of injury 03:00

28c. Injury et Work? 1 TYes 2 X No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred Subject fell on gless top table

28e. Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) At home

28f. Location (Street and Number or Aurel Route Number, City or Town, State) 2763, Crisfield, Marion Road Marion Road, Marian, Somewet W. MO

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

**Continuous of the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Dey, Year)

29b. Signeture and title of certifier

29c. License number O.C.M.E

SEPT.1,1996

Donald & Wright MD

6 Could not be determined

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DONALD G. WRIGHT MD 31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

State Registrar

Jahr die wolge hardel SEP 0 4-1996

TOTAL SECTION

COLLEGE MESTER

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State of Maryland / Department of Health and Mental Hygiene Q 6

111 Penn Street, Baltimore, Maryland 21201

						C	Certificate of	of Death		Reg. No.	20	2/041
			1. Decedant's Nama (First, Mi	ddia, Last)					2. Data of D	eath		3. Tima of Death
	Physic /Medi		ANDREW	ROBE	RT		JOHNSON		Month AUG.	28, 1	Yeer L996	9:44 AM
	Exami		4a. Facility Nama (If not institu	tion, give streat and nu	m <i>bar)</i>			4b. City, Town,	or Location of Dee		ty of Death	2.44 AF
			HARFORD ME	EMORIAL				HAVRE	de GRAC	E HAF	RFORD	
	Funeral	Г	5. Social Sacurity Number	6. Sax	7. Aga (In yr.	s. last birtho	lay) If Undar 1 Ye		Irs. 8. Date of B	irth	9. Birthpl	lace (Stata or Foreig
1	Director		260-66-2248	1 <b>⊠</b> M 2□ F	56	Yrs	Months Day	ys Hours N	lin. 8. Date of Bi (Month, D Jan. 2	7,1940	Mich	igan
	pu »		Usuel Rasidanca of Dacedant 10a, Stata 10b, Cou		10.0							
	show	_	10a. Stata 10b. Cou	ity	100.0	city, Town o	Location				10	Od. Insida City Limits
	Ne M	Director		rford		Abe	rdeen					1⊠Yes 2□No
	or 2	Dir	10e. Street and Number	ster Avenue	_		10f. Zip Cod			10g. Citizen of		try?
	s 1 and 2 should be filed within 72 hours efter death with the Manyland f Heelth end Mental hygiene. Item 27 is marked other then "naturel", or items 23s or 28≘4 show other traumatic event, the Medical Examiner must be routined.	Funeral						001			.S.A.	
	ar de	une	11. Marital Status	Armed Fe		U,S.	<ol> <li>Was Decedent of If Yas, specify C</li> </ol>	of Hispanic Origin? uban, Maxican, Pu	(Specify Yes or Narto Rican, etc.)		ace - America ack, Whita, a	
20	s offi	by F	1 Navar Married 2 N	H-0- C	2 No	00	1□Yas 2☑N	lo Spacify:				
21215-0020	ural l		3 Widowad 4 Divord		va Detas: 1967	1		1000			"y: Blac	
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e,	Heelth em 27		20a. Mathod of Disposition	1000 (111101		Placa of Di	sposition (Nama of		Data	20c. Location		
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	permit. Pag Department Important: If any Injury o		4 Donetion 5 Other  21. Signature of Funeral Servi		Ga	IIISO	n Forest	dunce of Facility	9/3/96	Owings		s, MD
Ba	pemit. Departri Imports any Inju		A	7 70 H			Tarring-	Cargo Fu	neral Hor	ne, P.A.		
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68/60,	be a buri		causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants	C							-	
28	icate phys	edical	rasulting in death) Last	1	Dua to (	or as a con	saquance of):					
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o	0 9 8	ıysi	Part II. Other significant cond	tions contributing to de	eath but not ra	sulting in th	e undarlying causa	givan in Part I.	23b. Dld	tobacco use c	ontribute to	the causs of death
7	dete dete						*		1 🗆	Yes 2 No	3 Prob	ably 4 Unknow
SD	requires that the reen signed by th hould be detech	d by							240 Wee	an eutopsy	24h Wei	re eutopsy findings
ecords,	v require been sig ahould b	Completed								ormad?	ava	ilabla prior to
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= '	cate he								1 🖼	Yas 2 No	19	Yes 2□ No
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5	hys his	2	1XXes 2□ No	1	npatiant X2	1	HOIL SELECT		Homa 5 Res			)
E .	fler	Certification:	27. Mannar of Death 1 ☑Natural 5 ☐ Pan	31119	th, Day Year)	28b. Time Injur	у И		28d. Describe	how Injury occu	irred	
DIVISION	death. ctor: A y the fu	cat	2 Accidant Inva	stigation d not be	4			Yas 2 No				
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-	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in		20a Cartiliar + 17 6 ***	des Physics - The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Con	h							
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	To the Hos within 24 h To the Fun completely	Mec	29b. Signatura and title of certi	and mani	ner stated.			nsa number				
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State Registrar 31. Data filed (Month, Day, Year) SEP - 3 1996

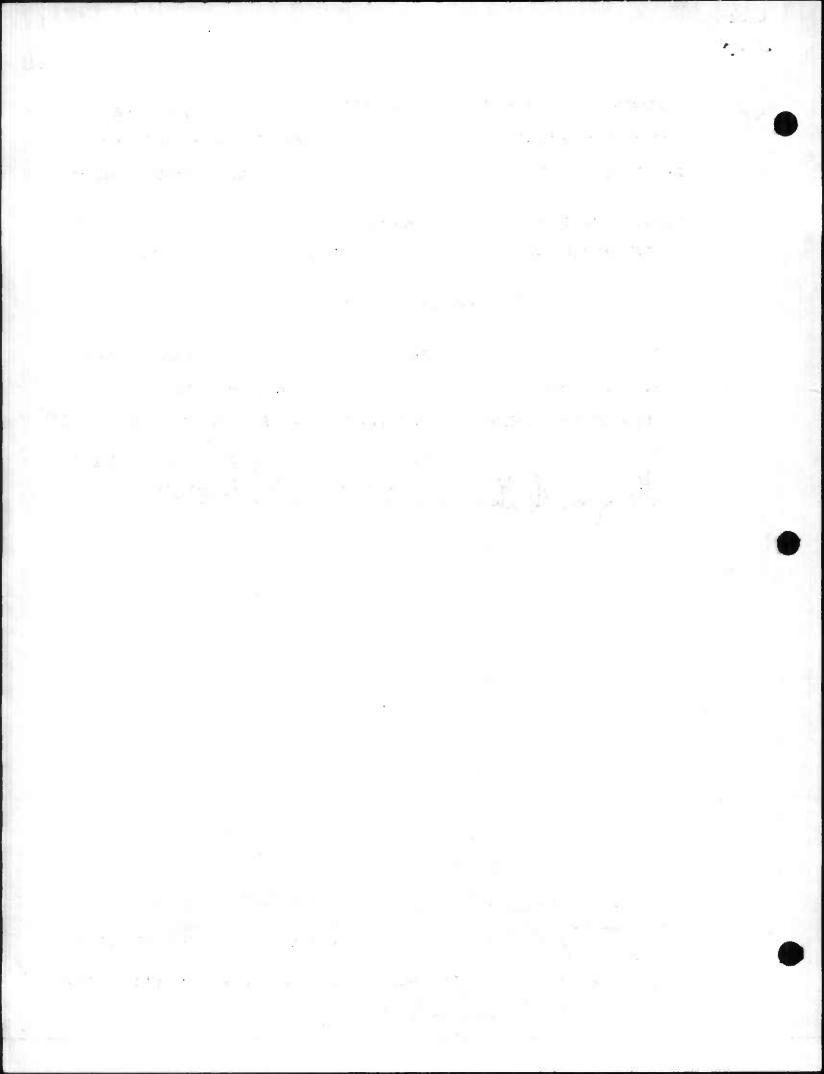
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32. Registrar's Signatura

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

R Fouler

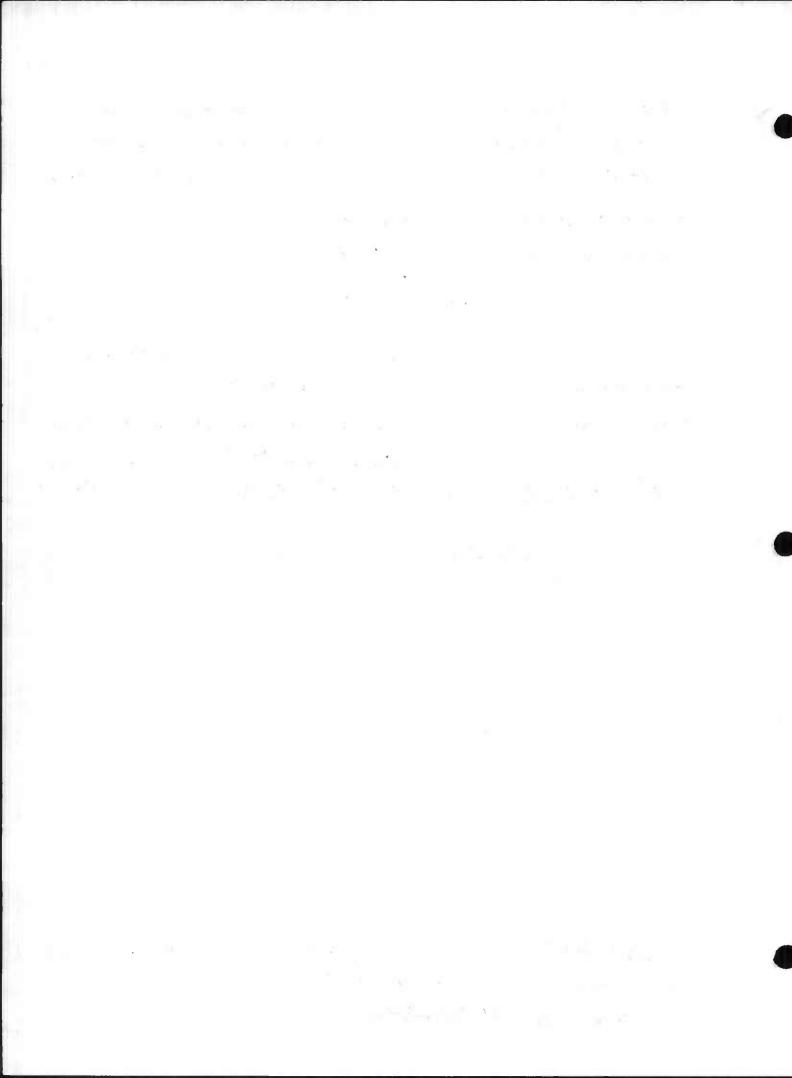
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

27841

						Cei	rtificate	e of	Death		-	Reg. No.		~ / 0 4 1
			1. Decedant's Name (First, Middle, La	ist)							2. Deta of Dec	eth		3. Time of Death
	Physici		DAVID R. JE	NNINGS							Month	Dey	Yeer	0442
Ŋ.	/Medic Examir		4e. Fecility Nama (If not institution, give						4b. City. To	wn. or Lo	SEPTEMI cation of Death		1996	0442
	Examili	ier									derick			va 4-
			Calvert Memorial 5. Social Sacurity Number 6.5		(In yrs. lest	hirthdayl	If Undar				8. Dete of Birt		Calve	
	Funeral			1⊠M 2□F		Yrs.	Months	Days		Min,	(Month, De	v, Year)	9. Birthp	lece (Steta or Foreign try)
	Director		579-20-4116 Usuel Residence of Decedent		73	110.					Aug. 22	, 1923	Wash:	ington, DC
pue	1.		10a. Stata 10b. County		10c. City, T	own or Lo	cation						11	0d. Insida City Limits
fanyl	4 4	5	Maryland Montgo	morv.			ckvil	1۵					1.	1 5 Yas 2 No
9	2	Directo		iic L y		ROV								
UUZU  Hours after death with the Maryland	al", or items 23s or 28s-f show Examiner must be notified at	吉	10a. Street and Number				10f. Zip					10g. Citizen of	What Coun	try?
ath v	1 23	Funeral	2306 Veirs Mill 1			,	208					United	State	es
Pr de	E S	nue nue	11. Marital Status	12. Wes Decedant E Armed Forces?		13.	Wes Deceded Yes, speci	ent of I	Hispanic Ori an, Mexicar	igin? (Spen, Puerto	ecify Yes or No- Rican, etc.)	14. Re	ce - Americ	
2 4	2 6		1 ☐ Nevar Married 2 ☑ Merried	1 StYas 2 □ No If Yes, Give	0		1□Yes 2					Specil	v-	
3 5		d by	3 Widowed 4 Divorced	Yeer or Detes:	WW II			83				Specii	V	Mhite
2 2	jene. r than "natur De Medical	ete	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	1	6a. Deced	dent's Usue	l Occup	petion during mos	t of worki	na	18b. Kind of B	usiness/Ind	Justry
21215-002U	e 4 4	De la	Elementery/Secondary (0-12)	College (1-4or 5+	<b>+</b> )	`life. L	DO NOT us	e retire	id)					
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Vad t	Ment	To	Harry Jennings						Marg	garet	France	s Siebo	old	
sho	and Mental Hygis s marked other numstic event, to	·	19e. Informant's Name/Reletionship (	Type, Print)		19b. Meiiir	ng Address	(Street	t end Numb	er or Rura	al Route Numbe	r, City or Town	Stete, Zip	Code)
and 2	alth 27 I		Gertrude G. Jennin	ngs/Wife	2	306	Veirs	Mi	ll Roa	ad, R	ockvill	e, Mary	yland	20851
S -	of He		20a. Method of Disposition		20b. Plec	e of Dispo	sition (Nem	e of	ice) -		Date	20c. Location	- City or To	wn, Stete
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_			220 Part Enter the disease or som		100198	j	Rocky	ille	e, Mar	ylan	y Avenu d 2085	0-2805		
			23e. Pert1. Enter the diseese, or com shock, or heert feilura. List only	one ceuse on each line	a.	DO HOL BITE	er the thous	or dyn	ng, such as	Cardiec	r respiretory ar	162(,	1	Approximata Intervei Between Onset and Death
	ysician Medical		Immediate Cause (Finei	0 .1									i	Chiabit and Douth
	aminer		diseasa or condition resulting in deeth)	· Certi	DYOVO	40	ular	/	acc	J'd	eut		/	o day
		7		D	Due to (or as	a conseq	quence of):							
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ou, be axecuted	and Fra	xar	Sequentially list conditions,	D	Due to (or es	a conseq	uence of):						1	
OS / OU,	ician		Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events	C										
X 55/ ertificate	the	Medical	resulting In death) Last	D	ue to (or es	e conseq	uence of):							
× %	been signed by the attending physician and should be deteched for use as the burial-transit			d									į	
deeth c	or u	Physician											ĺ	
. 8	the hed	/sic	Part II. Other significant conditions of	ontributing to death but	not resultin	g in the ur	nderlying ca	use gh	ven in Pert i		23b. Did t	obacco uss co	ntribute to	the cause of death?
that the	d by										101	/ss 2□ No	3 Prob	ebly 412 Unknown
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cords,	pens	te d									24a. Wes	an autopsy med?	ava	re autopsy findings nieble prior to
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or Attending Physician:	fun a	틸	1 Netural 5 Pending Investigation	(Month, Day	Year)	Injury	м		rk? ]Yes 2∐	No				
ig of	ctor.	fica	3 Suicida 6 Could not b		v - At home	ferm str	eet fectory				28f. Location (S	treet and Numi	ber or Rum	Route Number,
5 8	Dire	Certification:	4 Homicide determined	building, etc.	(Specify)	, 101111, 0111		011104			City or Tow	n, Stete)		, , ,
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Ho	within 24 hours and death.  To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical	(Check only e Medical Exam	niner: On the besis of e	examinetion	end/or inv	estigetion,	in my d	opinion, dee	th occurre	ed et the time,	lete and pieca,	and due to	the cause(s)
otto	ompi	M	29b. Signeture end title of certifier				29c.	Licens	sa number			29d. Dete signe	d (Month. I	Day, Year)
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	19		30. Neme and eddress of person who		ath (item 23	e) (Type,	Print) 9	26	' × 2					
			MIA. MEE.		461)0	nr	0	00	0 7					
			21 Date filed Alenth Con Vess	00 0-14	de Ol-									
	Sta Registra		SEP 0 4 199	32. Registrer	's Signature	72-	2,52							



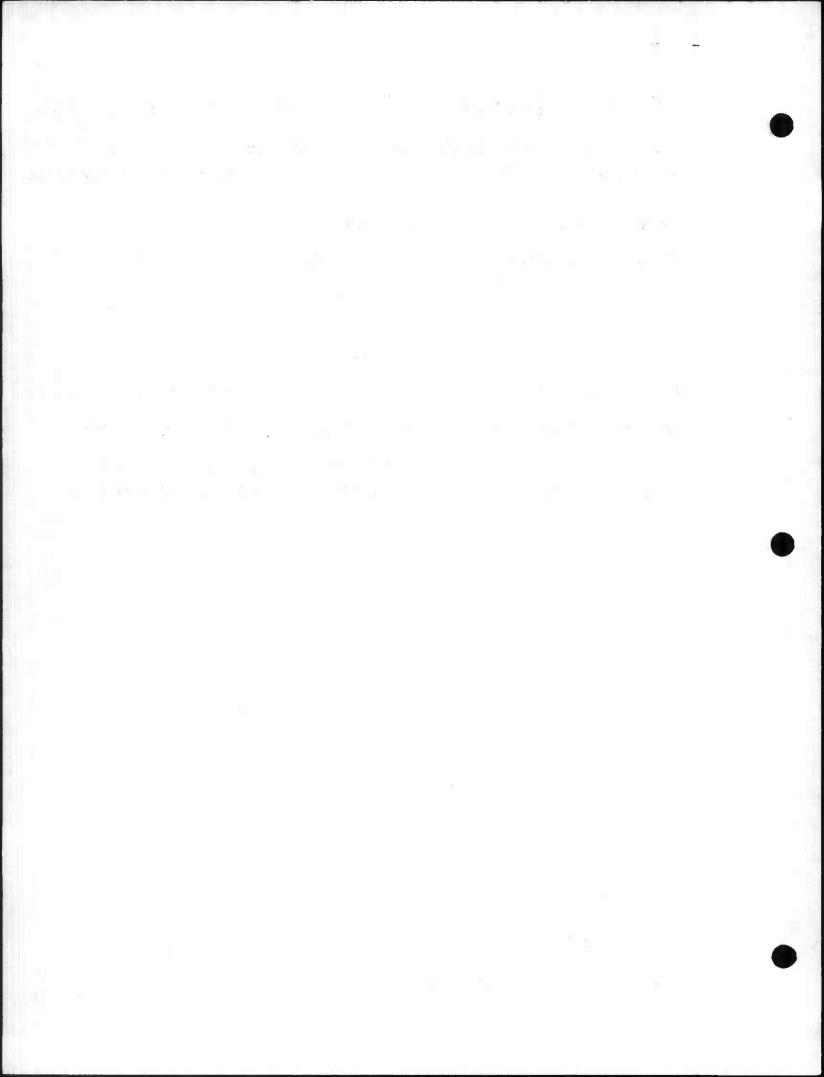
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Deta of Death 3. Tima of Deeth 605 Month Kostenbader **Physician** Jennie rauline pm /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Bel Air Nursing & Rehabilitation Center Bel Air

If Under 24 Hrs.
Hours Min.

Replace of Birth (Month, Day, Year)

Feb. 19, 1899 Harford Birthplace (Steta or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days 1 M 2 XF 97 Yrs Director 179-36-5207 Pennsylvania Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Manyland nent of Heelih and Mental Hyglene.
Int. If Ithm 27 is marked other than "natural", or Items 23s or 23s-f ahow ury or other traumatic event, the Medical Example must be nothing at 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes 2X No Maryland Baltimore White Marsh Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5709 Carrington Drive 21162 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American indien, Black, Whita, atc. 1 ☐ Yes 2 X No If Yes, Give Yaer or Dates: 1 □ Nevar Merried 2 □ Married Baltimore, Maryland 21215-0020 1 Yee 2 No Specify: þ Specify: 3 ₩idowed 4 Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Malden Surneme) Be (nmn) Hughes Tsaac Ellen (nmn) Berger 2 19e. Informent'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth N. Coldren - Son 5709 Carrington Dr., White Marsh, Md. 21162 20c. Location - City or Town, Stata 20b. Piece of Disposition (Name of cematary, crematory or other piece) 20a. Method of Disposition Dete permit. Pages Department of Important: If It any injury or o Burial 2 ☐ Cramation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) St. Johns Lutheran Cem. Pine Grove, Pa. 9/7/96 22. Name and Address of Facility Howard K. McComas III Funeral Home, P.A. omas Pert 1. Enter the tissesse, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heartfulure. List only one cause on each line. Approximata Interval Between Onset end Deeth Physician /Medical Immediate Cause (Fine) disaesa or condition resulting in daeth) Examiner Examiner requires that the death certificete be executed physician and the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or injury that initiated evants resulting in deeth) Lest Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) attending pl signed by the a Pert fi. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Deanitia ð 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed ate hes t 20No certificate Hospital or Attanding Physician:
 24 hours after death.
 Funeral Director: After this certifica Be 25. Was casa refarred to medical 26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datermined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) filled in by 4 Homicida edical 29e. Cartifian 1 Certifying Physician: To tha best of my knowladge, deeth occurred et the tima, data and place, end due to the cause(s) end mannar as stated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and pleca, end due to the causa(s) end mennar stated. 29b. Signeture and titla of d 29c. Licansa number 29d. Dete eigned (Month, Dey, Year) una 132609. 30 Nama and eddress of person who complated cause of death (Itam 23a) (Type, Print) Revolution St Havre De Gour Mis Muran Kammelm MD 03 31. Dete filed (Month, Dey, Year) 32. Fegistrer's Signature State SEP - 4 1996

Registrar



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	CATE OF	DEATH	R	EG. NO.	•		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	EATH	-	3. TIME OF DEATH	-
	EDWIN LEONARD		KEI	LOCK J	R.	August	31	1996	10:00	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HETH		IPLACE (State or Fore	
	216-30-1920 1 XM 2	1 03	YRS.	ONTHS DAYS	HOURS MIN.	April	11, 1	938 Ma	aryland	
TOR	9a. FACILITY NAME (# not institution, give street and number of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of th	>er)		Perry	Point	EATH	91	Cecil		
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	Maryland Harfor	.u		Edgewoo					1 TES 2 XN	Ю
FUNERAL	2310 Shannon Road				21040			USZ	YHAT COUNTRY?	
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요	15. DECEDENT'S EDUCATION	16a, D	ECEDENT'S U	SUAL OCCUPATION	ON .	16b, KINI	D OF BUSINE	SS/INDUSTRY	VILLEC	_
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-		fe. Do NOT use		st of working		_	loyed rovemer	a+a	
8	17. FATHER'S NAME (First, Middle, Last)		Carpe	ILCEL	16. MOTHER'S NA		-		ILS	
	Edwin Leonard Kellock	. Sr.				Lavana				
BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING A	DDRESS (Street a	nd Number or Rural					
2	Anita B. Kellock	- 1			Rd., Edg				L040	
	20s. METHOD OF DISPOSITION 1 by Burlal 2  Cremetion 3  Removal from St	20b. PLACE		DISPOSITION (Na		DATE		ION — City or To	wn, Stata	
	4 Donation 5 Other (Specify)			Cemete			Darli	ngton,	Maryland	i
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/.		Howa		Comas ]			Home, P.A 4d. 2100	
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liver Fai	lure		de of dying, suc	h aa cardlac	or respirato	ory arrest,	Approximate Interval Bette Onset and E UNKNO	tween Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSE								
핑	d								-	
EDICAL	PART II. Other significant conditions contribut	ng to deeth but not	rasulting in	the underlying	cause given in		WAS AN AUT PERFORMED YES 2 X	0?	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	USE
≥	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DE	ATH YES	П NO Г	LINCERTAIN	<u> </u>		- 1	1 TES 2 NO	,
¥	25. WAS CASE REFERRED TO MEDICAL			(Check only one)	OTTOERTAIN	, 0				_
SE	EXAMINER?  1 YES 2 NO 1 X Inpatie	AL.: nt 2 DER/Outpatient		OTHER:	5 🗆 Residence	6 Other (See	ac/fv1			
PHYSICIAN: ME	27. MANNER OF DEATH 28a. D/	ATE OF INJURY Ionth, Day, Year)	26b. TIME (	OF 28c, INJ	URY AT RK?	28d. DESCRIB		RY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	ACE OF INJURY — At h	ome, farm, str			28f. LOCATION City or Tox	(Street and F	Number or Rural R	loute Number,	_
ū,	29a, CERTIFIER No. according									
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S I	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM				(Month, Day, Year)	
10 m	(XX)				D32395			8/31		
2	36 HAME AND ADDITUS OF PERSON WHO COMPLETE						2005	3,01	, , ,	
	THOMAS FINUCAN, M.D.,  31. DATE FILED (Month, Day, Year)  32. REG	VA Medical	Cente	er, Perr	y Point,	MD 2	1902			
	SEP - 4 1996	STRAR'S SIGNATURE	Rardall							

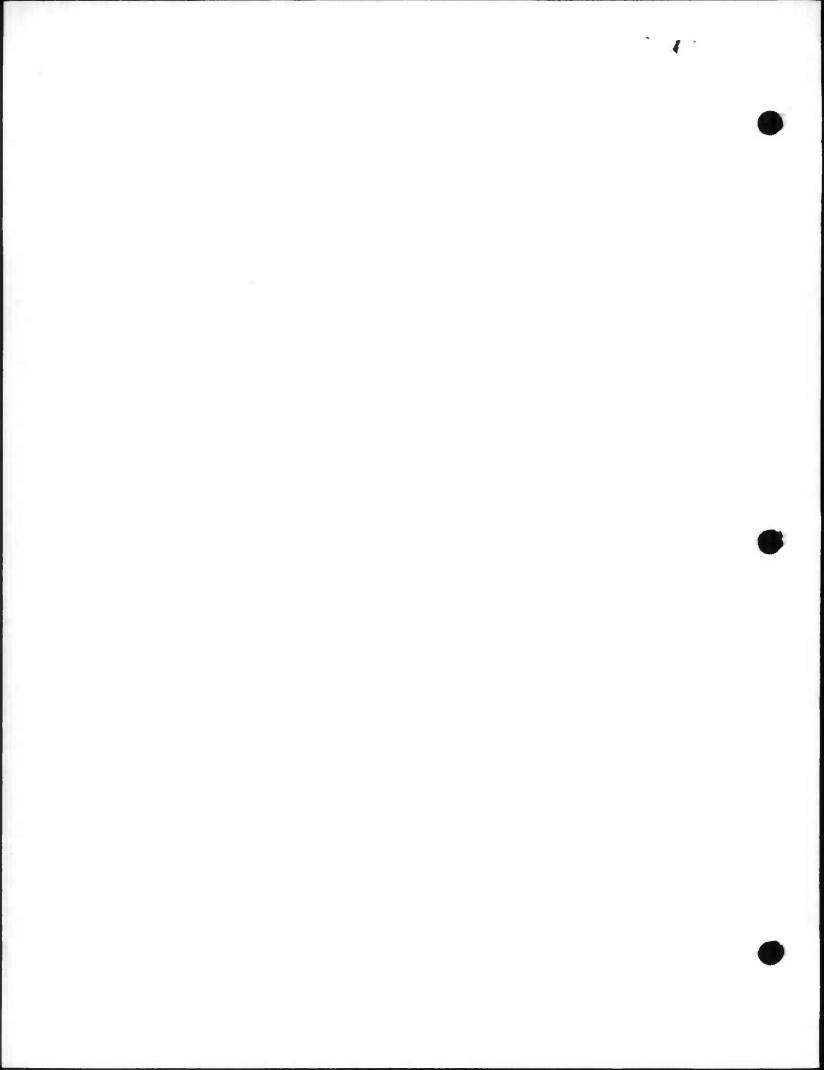
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

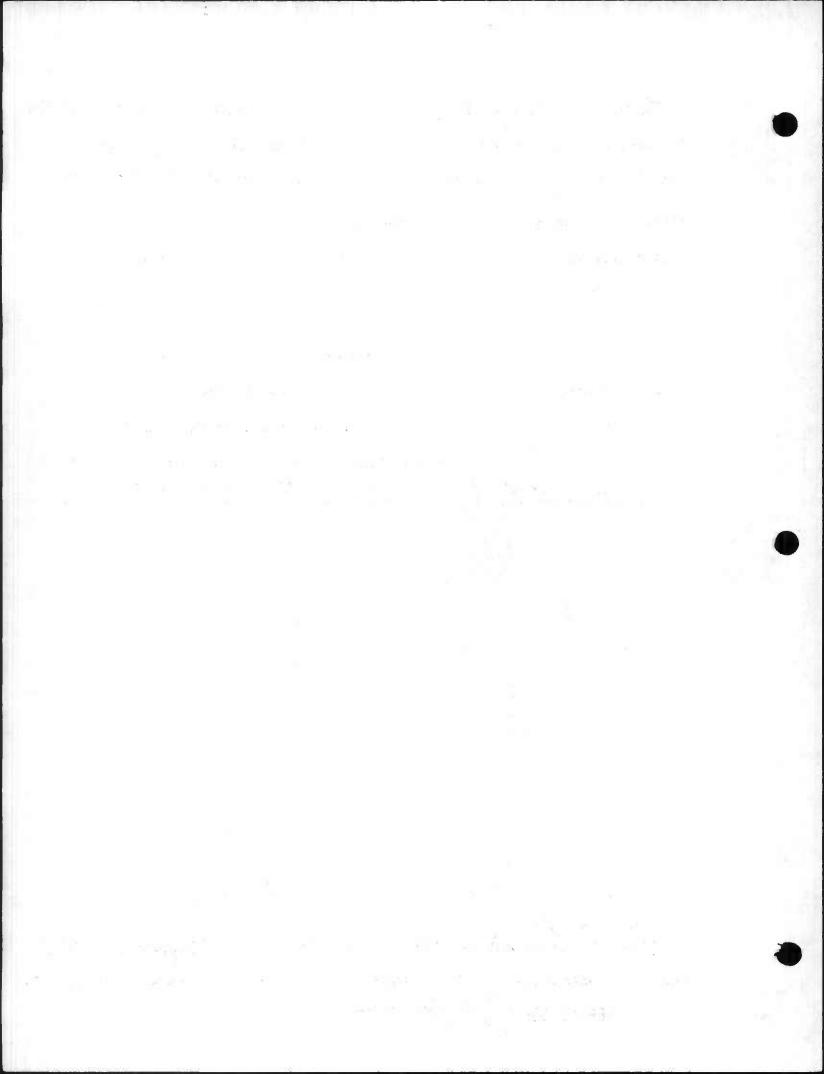
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedant's Nama (First, Middle, Last)			Certificate of	Death	2. Data of Dee		3. Time of Daa
Phys /Me			MARK K	EENE	Y			Month AUGUST		aar 4:10 F
//we Exan			4e. Fecility Nama (If not institution, give stre				4b. City, Town, or L		4c. County of	10
			Mediplex of Montgom	erv Vill	age		Gaithersh	nura	Mos	a t a a m a w u
Funer	al		Social Sacurity Number     6. Sax	7. Aga	(In yrs. last bir	thday) If Under 1 Yaar	if Undar 24 Hrs.	8. Data of Birth (Month, Day		ntgomery Birthpleca (Stata or For Country)
Directo	or.		0/4-12-08/1	2 🗆 F	75	Yrs. Months Days	Hours Min.	May 18,		ennsylvania
pu			Usual Rasidanca of Dacadant  10a. Stata 10b. County		10c. City, Tow	n and another				
laryla sho	١,	5								10d. Inside City Lin
he N		Director	Maryland   Montgomery		Silver	Spring				1 □ Yas 2√2
With West			10e. Street end Number			10f. Zip Coda		1	0g. Citizen of Whe	t Country?
sath me 23	100	era	9304 Walden Road	Was Dacedent E	uan in II O	2090]			U.S.A.	
Variable 700000  Within 72 hours after death with the Manyland Juliene Then heatural, or flems 23s or 28s-f show the Manical Examiner must be notified at	1 0	runeral	11. Meritel Status 12.  1 □ Navar Married 2 ☑ Married	Armed Forcas?		13. Wes Dacedant of I if Yas, specify Cub	nispanic Origin? (Sp pan, Maxicen, Puarto	Rican, etc.)		American Indian, Whita, atc.
ir. or	1	Dy.	3 ☐ Widowed 4 ☐ Divorced	1 ☑ Yas 2 ☐ No if Yas, Giva Year or Dates:	WW II	1 ☐ Yas 2 ☑ No	Spacify:		Specify:	7.77
d within 72 hours af giene. ir than "natural", or	3	8	15. Decedant's Educati	on		Decedant's Usual Occur	pation		16b. Kind of Busin	White
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should be filed nd Mental Hygi marked other umatic svant,	3	0	Mark F. Keeney				Eleano	r McCuli	lough	
0.00	1.		19a. informant's Name/Ralationship (Type,	Print)	19b.	. Meiling Addrass (Street				te, Zip Coda)
			Shirley Donkis		12	23 Lastner I	ane Gree	nbelt.Ma	arvland 2	20770
S to L			20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation 3 ☐ Rem	oval from State	20b. Place of	Disposition (Name of y, cremetory or other pla	1		20c. Location - Cit	
Pa Pa			4 □ Donetion 5 □ Othar (Spacify)	Oval from Stele	Restla	nd Memorial	Park 09	/05/96 1	East Hand	over. N.I
permit. Departr Importa any inju	once		21. Signatura of Funaral Sarvica Licansea	0 1	7	22. Nama and Addra	ass of Facility			
2059	a		William L	Burd	6	Francis J.				Maryland 2
ifficate be axecuted g physician and as the burial-transit	edical Examiner		Sequentielly list conditions, if any, laading to Immadiate cause. Entar Undartying Cause (Disaasa or Injury that initiated avants rasulting in deeth) Last	D	ua to (orese o	consequanca of):				
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as that igned b	by Ph		Con Denferc	fistw	la			1 🗆 Ye	2 2 No 3[	Probably 4 Unkn
aw requisite been 2 should	Completed	200		V				24a. Was ei perform		4b. Wara autopsy finding aveileble prior to complation of cause of death?
E es	ပို	3						1 □ Ya	s 200 No	1 ☐ Yas 2 ☐ No
ysician: The is certificate director, pag	9	3	25. Was case rafarred to medical exeminar?				26. Placa of Death	(Check only on	a)	
Physician: this certific ral director,	P	٠  -	1 Nyas 2 No Hosp	1 L Inpatient			4 Nursing Ho		nce 6 Other (	Specify)
f or Attending F after death. Director: After d in by the funar	lon		1 Natural 5 Pending	8a. Data of injury (Month, Day)	Year) 28b. T	njury Wor		28d. Describe ho	w injury occurred	
or Attending after death. Director: After I in by the fune	Certification:		2 Accidant Invastigation 3 Suicida 6 Could not be determined	8a. Placa of Injury building, etc.	y - At homa, far (Specify)	M 1 □	Yas 2 No	28f. Location (Sti City or Town		r Rural Routa Number,
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral	edical C		2   Medical Examiner:	n: To the best of On the basis of a and mannar state	xaminetion end	death occurred et the tir Vor Invastigetion, in my o	ma, deta and plece, opinion, deeth occurr	and dua to tha ce ed at tha tima, de	use(s) end manna ate end plece, and	r as steted. due to the cause(s)
To the Within 7 To the compla	¥ €		29b. Signatura and titla of confliar	0		29c. Licans	a number	25	d. Data signed (M	Ionth, Day, Year)
Aic.			Allen & What	4 AUDA	- MN	29	453	0		
1134		-	30. Nama and address of person who complete	ated cause of de-	th (Item 22a) 5	Type Print\	10)	4	July .	10,1116
19			ALAN S- CHANA G B1. Dete filed (Month, Day, Year)	ES 15	225 5	SHAWY G	ROUE RO	ROCI	KUILLE	40, 1996 140, 2085
Regis	tate trar		SEP 0 3 199	6 ) Jul	ia Davido	- Markett				



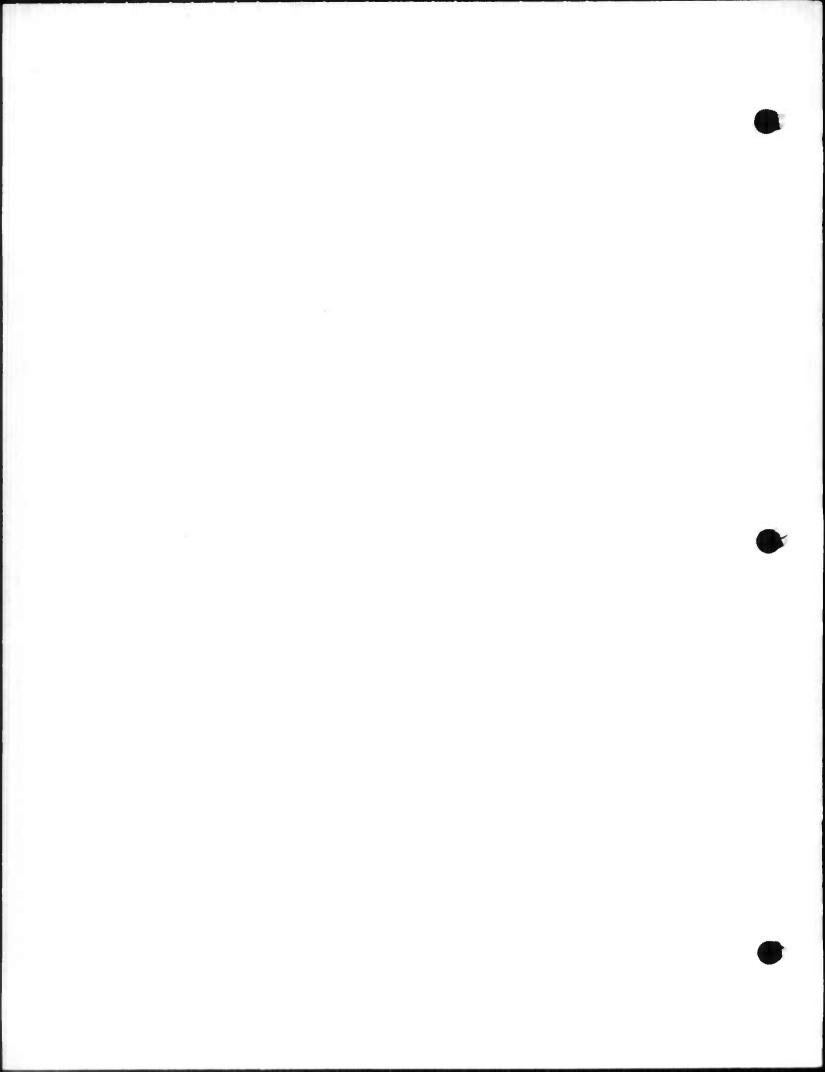
DIVISION OF VITAL RECORDS, P.O. BOX 68760

30. NAME AND ADDRESS OF Ja 31. DATE FILED (Month, Day,

SEP 0 3 1996

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI	RTMENT	OF I	HEALTH AND	MENT	TAL HYGIEN			104
	1. DECEDENT'S NAME (FIRST JOSE PLIA	le T	heresa	Ke	fALI				2. DA	TE OF DEATH		6 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 151-12-710	В	5. SEX 1 M 2 K F	6. AGE (In yr. 73	. lest birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.	Jun	TE OF BIRTH (onth, Day, Year)	1923	Country	PLACE (State or Form)  Jersey
CTOR	Holy Cross	Hospi						Spring	DEATH			nty of DE	
DIREC	100. STATE Maryland	10b. COUNT	gomery			r, rown c				15			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER			est, #				1. ZIP CODE 20902				IZEN OF W	HAT COUNTRY? States
B	11. MARITAL STATUS 1 Never Merried 2 3	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S	ARMED NO	1 1	f yes, sp	CENDENT OF HISP Healty Cuban, Mexi 3 2 X NO Spe	can, Puert	GIN? (Specify Ye to Rican, etc.)		14. RACE Black Specifi	- American Indian White, etc.
once. COMPLETED	15. DEC (Specify onli Elementary/Secondary (0	EDENT'S EDU- highest grade	CATION completed)  College (1-4 or 5 -	·)	DECEDENT'S (Give kind of life. Do NOT a	work done ( se retired.)	CCUPATION TO	ON ost of working	1	Ours H			White
111	17. FATHER'S NAME (First, M	fredo	<u>+</u>	Sa		Ket				Own Ho N. Middle, Malden (Unavai	Surname)	e)	
be notified TO BE	Shirley The	resa K						nd Number or Auri Point R	I Route Nu	umber, City or Tox	vn, State, Zip	Code)	22312
must	20g, METHOD OF DISPOSITI	(Specify)		cemetery	CEANDDATE Cremelory or C Umbia	ther place) Garde	ens	Cemeter	y 9-			City or Tow	
al examiner	21. SIGNATURE OF FUNERA	en (	N. A	Lap	P	Ra	app 33 G	Funeral Sist Ave	Ser nue,	Silver	Spr	ing,	MD 2091
or other traumatic event, the medical e	23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)	al sliure.	a. Sect	se on each	ilns.		the mo	da of dying, su	ich aa ce	ardiac or reap	iratory an	rest,	Approximatinterval Bet Onset and
or other traumatic	Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or Injust that initiated events resulting in death) LAS	diate NG ry	DUE TO  MUL		Scler	F):							1 Oc Year
any Inju	PART II. Other significs	nt condition	a contributing to	death but n	ot reaulting	In the un	derlying	g cause given i	n Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?		WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
item 23 sl SICIAN:	DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO		RIBUTE TO CA  HOSPITAL: 1 Unpatient 2	26. P	LACE OF DEA	OTHER	only one)	UNCERTA		thes (Sanoita)			1 TYES 2 NO
BY PHY	2 Accident	Pending nvestigation	28e. DATE OF (Month, De	INJURY ny, Year)	28b. TIM	E OF URY M	26c. INJ WO 1 🔲 Y	URY AT PRK?	28d. D	ESCRIBE HOW I			
Item 28 is PLETED	4 Homicide	Could not be	building,	atc. (Specify)					CH	OCATION (Street in the state)			ute Number,
COMPLET	one) 2 MEDI	CAL EXAMINE	CIAN: To the best of ex	my knowledge	or investigation	n, in my op	me, date	eath occured at th	e time, da	ste end place, en	d due to th	e cause(e)	
IMPORTANT:	30 NAME AND ADDRESS OF	n)e	mi uD					29c. LICENSE NI					Month, Day, Year) 0 1996

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 27846 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** 40 am -/aird /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltomore Harylan Herrical

6. Sax 7. Aga (in yrs. last bi ystm BaHmwe If Undar 24 Hrs. 6. Date of Birth (Month, Day, Year) 5. Social Sacurity Namber If Undar 1 Yaar 7. Aga (in yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1**7**0 M 2□ F Days Yrs. 53 Sept. 10,1996 Baltimore City Director None Usual Rasidance of Decedant the Maryland 10e State 10h County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or hams 23a or 28a-f show traumatic event, the Mexical Examiner must be notified at Tylerton 1 ☐ Yas 2 No Director Maryland Somerset 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21132 Tuff St. 21866 USA death Funeral 12. Was Dacedent Evar in U.S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Introcrant: If them 27 is marked other than "natural", or than any injury or other traumatic aware. Nevar Married 2☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: p Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) None 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surname) Be John Willard Laird Patricia A. Corbin 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21132 Tuff St. - Tylerton, MD 21866 John Willard Laird (father) 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Ramoval from Stata Union Church Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 9/14/96 Tylerton, MD 21. Signature of Funeral Sarvice Licensele

Raylor Licensele

Raylor Licensele 22. Nama and Addrass of Facility Bradshaw & Sons Funeral Home 306 W. Main St. - Crisfield, MD 21817 Robert H. Bradshaw 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onsat and Death **Physician** /Medical immediata Causa (Final a Gir way 53 min diseasa or condition rasulting in death) Examiner physician and the burial-transil Sequentially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records. P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): attanding Part tl. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ Go 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed peed page 2 has certificata 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifica 25. Was casa rafarred to medical 28. Piaca of Death (Check only one) axaminar? (X) Yas 2 □ No Hospital: Inpatiant Other: 4 Nursing Home 5 Rasidenca 8 Other (Specify) 2 ER/Outpatient 3 DOA funarai 27. Mannar of Death 28c. Injury at Work? 28b. Tima of Certification: 28d. Describe how injury occurred 5 Pending Invastigation 1 Natural 1 Yas 2 No 2 Accidant filled in by tha 3 Suicida 6 ☐ Could not be datamined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a, Certifian Medical compiataly 29b. Signatura and title of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) Nev nato logist no complated cause of daath (itam 23a) (Type, Print) 22 5. giene st, Ron H 5 W68, Balto, MD

Your Jahra Sanatura

Registrar

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					Cei	tificate d	of Death		0	Reg. No.		
		1. Decedent's Nema (First, Middle, L	.ast)						2. Dete of De		O.	3. Time of Death
Physic /Medi		Carolyn Wade Lo	ring						Month Aug,	30	Year 96	1836
Exami		4a. Facility Nama (If not institution, g		m <i>ber</i> )			4b. City, Tov	vn, or Loc	ation of Death	4c. County		1030
		Anne Arundel Me	d. Ctr.				Annar	oolis	3	Anne	Arund	el
Funeral		A	Sax	7. Aga (In yrs. la	st birthdey)	If Under 1 Y	ear if Under 2		8. Dete of Birt (Month, Da)			
Director		038-30-7366	1□M 2000F		40 Yrs.	Months Da	ys Hours	Min.	Feb 2	9, 1956	Haw	ace (Stete or Foreign try)
		Usuel Residence of Decedent							100. 2	, 1,59	IIdw	all
MO W		10a. Stete 10b. County		10c. City,	Town or Lo	cation					10	Od. Inside City Limits
Department of Health and Mantal Hygiene. Important: If frem 27 is marked other than "netural", or items 23s or 28s-f show any injury or other traumetic event, the Medical Examinar must be notified at angles.  Regions.	tor	MD Anne A	rundel	Anna	apolis							1 X Yes 2 □ No
128	irec	10e. Street and Number	2 011 0 0 2	121111	POLLO	10f. Zip Cod	de			10g. Citizen of V	Whet Count	lry?
85 H	Funeral Director	1405 Catlyn Pla	ce			214	01			United	State	S
E 5	ner	11. Meritel Status	12. Wes Dec	edent Evar in U,S	. 13. \	Ves Decedent	of Hispanic Orig Cuben, Mexican,	in? (Spec			e - Amarica	an Indian,
본		1 ☐ Never Married 21 Married	Armed Fo	2 💟 No				, Pueno P	tican, etc.)		k, White, e	
- 4	b	3 ☐ Widowed 4 ☐ Divorced	If Yas, Gir Year or D			I□Yes 2∏	No Specify:			Specify	Whit	е
in the	Completed	15. Decedent's I	Education		16a. Deced	lent's Usuel Oc	cupetion	and some adular		18b. Kind of B	usiness/Ind	lustry
- 2	pie	(Specify only highest g Elementery/Secondery (0-12)	rada compieted) Coilege (1	1-4or 5+)	life. L	DO NOT use re	one during most stired)	or workin	ig			
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off.	Bec	17. Fathar's Name (First, Middle, Las	st)				18. Mothai	r's Nama	(First, Middla,	Maldan Sumem	10)	
ke d	TOE	Manley Wade					Doro	thia	Schen	k		
E		19a. Informent's Neme/Raiationship			19b. Mailin	g Address (St	reet and Number	r or Rural	Route Numbe	or, City or Town,	Stete, Zip	Code)
27 la		Robert A. Lorin	g / 11	1	140	5 Catl	yn Place	e, An	napoli	s, MD	21401	
othe and		20a. Method of Disposition		200. Pie	ca of Dispo	sition (Neme o	f		Dete	20c. Location -	City or To	wn, State
unt: If its		1 ☐ Burial 2 ☐ Gremation 3 4 ☐ Donetion 5 ☐ Other (Spec		Stete		netory or other		- H	1 10	06 Bron	trand	MD
12.		21. Signature of Funeral Service Lice	• •	FL.			natory Se dress of Facility		, 1, 17	o bren	LWOOD	, rib
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	ш	yearner.	118	11/2	14	7 Duke	of Glou	ucest	er St.	Annapo	lis,	MD 21401
		25a Part1. Enter the disease, or con shock, or heart failure. List onl	mplications that o y one cause on e	saused the death. each line.	Do not ent	er the mode of	dying, such as o	cardiac or	respiratory ar	rest,		Approximate Interval Between
ysician		hands on the									1	Onset and Death
Medical aminer		Immediate Cause (Final disease or condition resulting in death)	Α		19	vera	anea	_			2	4000
		reading at deality		Due to (or	as a conseq	uence of):					- 1	
첉	ine		. b									
12	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (or	as a conseq	uence of):						
ouna	E	cause. Enter Underlying Cause (Disease or injury										
9 9	edical	that initiated events resulting in death) Last	. 60	Due to (or a	as a conseq	uence of):						
9 8	Me	L									1	
attending physician and for use as the burishman			0.								- 1	
hed a	Physician	Part II. Other significant conditions	contributing to de	eath but not result	ting in the ur	nderlying cause	given in Part I.		23b. Did (	obacco use co	ntribute to	the cause of death'
F 9	Ph.	Ealen-	D-	65			-		10	Yes 2 No	3 Prob	ebly ArUnknow
De ed	by	1000-	1/av	1(0)	المرج	0.700	ne	-	1			
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2 shou	Completed										op of c	npletion of cause teath?
28	E								· ba	es 2 No	10	Yes 20 No
certificate rector, pa	Bec	25. Was case referred to medical					26 Place	of Death	(Check only o		1	
direct	0	examiner? 1 2 Yes 2 □ No	Hospital:	Inpatient 2005	R/Outpatien	t 3 DOA	Other		***************************************	tence 6 DOth	ar /Ennañ	4
百百	-	27. Manger of Death	28a. Date		28b. Time of		Injury at Work?			naw injury occur		7
Aller	tior	Natural 5 Pending investigati	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	th, Day Year)	Injury		Work? 1 ☐ Yes 2 ☐ N	S. 11 12				
y the	Certification:	3 Suicide 6 Could not	be see Disco	of Injury - At hon	na farm str				8f Location /	Street and Numb	er or Rum	l Route Number,
d in by the	ŧ	4 ☐ Homicide determine	buildi	ing, etc. (Specify)		out, radion y, on			City or Tov			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Funeral Dir daly filled in		29a. Certifier 1 Certifying P	huafalan. Ta tha	hast of our line of	ladaa daash			4 -10-0	and all on the them			
Funda y	edical		miner: On the b	best of my knowl asis of examinetic	on end/or inv	estigetion, in r	ny <i>o</i> pinion, deet	h occurre	d at the time,	date and piece,	and due to	the cause(s)
To the Funeral completely filled	Mec	29b. Signature and title of certifier	and man	ner stated.		200 11	ense number			29d. Dete signe	d (Month I	Dev. Year)
\$ 2 8	- 1	200. Signature and one or peruner.	0 0									
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		30. Neme and eddress of person who	completed caus	se of deeth (Itam 2	23a) (Type,	Print)	~ /	1	0 1		_	1996 and 214
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State of Maryland / Department of Health and Mental Hygiene 0 6

						Certificate of	Death	Re	eg. No.	0 6.	1040
	امادادادا		1. Decedant's Nama (First, Middla, La	ist)				2. Dete of Deet Month	h Day	Yaar	3. Time of Death
	hysici /Media		Gertrude	W	Lar	nham		Septembe			4PM
V.	xamir		4a. Facility Name (If not institution, gir	re street end number)			4b. City, Town, or	Location of Death	4c. County	of Death	
			313 N. Glen Aven	ue			Annapo:		Anne	Arun	de l
FL	ıneral			Sax 7. Ag 1 □ M 2 🛛 F	a (In yrs. last bi	Months Days		8. Data of Birth (Month, Day,	Year)	9. Birthpl	aca (Stata or Foraig
_	rector		215-34-5429 Usual Residence of Decedant	IUM ZQLP	97	Yrs.		Dec 23	1898	Mar	yland
ylenc	M M		10a. Stata 10b. County		10c. City, Tow	n or Location				10	od. Insida City Limita
Mar		to	MD Anne A	rundel		Annapolis					1 X Yaa 2 □ No
h the	128	Director	10e. Street end Number			10f. Zip Coda		1	0g. Citizen of \	What Count	try?
h with	8		313 N. Glen Ave	กแค		2	1401		Unit	ed St	ates
deet	E	Funeral	11. Meritel Stetus	12. Was Decedent	Ever in U,S.	13. Was Decedent of If Yaa, specify Cu		pecify Yes or No-	14. Rac	e - Amarica	an Indian,
Mat yiaing 2 i.z. i 3-00.z.0  4 2 should be filled within 72 hours after deeth with the Marylend ith and Mental Hygiene.	than "natural", or items 23a or 28a-1 ahow the Medical Examiner must be notified at	by	1 Navar Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas:	No	If Yaa, specify Cu		o Hican, etc.)	Specify	ck, White, e y: W	hite
72 ho	lical I	Completed	15. Decedant's E (Specify only highast gr	ducation	168	Decedent's Usual Occu (Give kind of work done lifa. DO NOT use retir	upation	rkina	16b. Kind of B	ualnass/Ind	lustry
thin .	L S	pie	Elamantary/Secondary (0-12)	Collaga (1-4or	5+)	lifa. DO NOT use retir	ed)	King			
filed within Hygiene.	- 4	5	7			Beautic	ian		Н	air S	tyling
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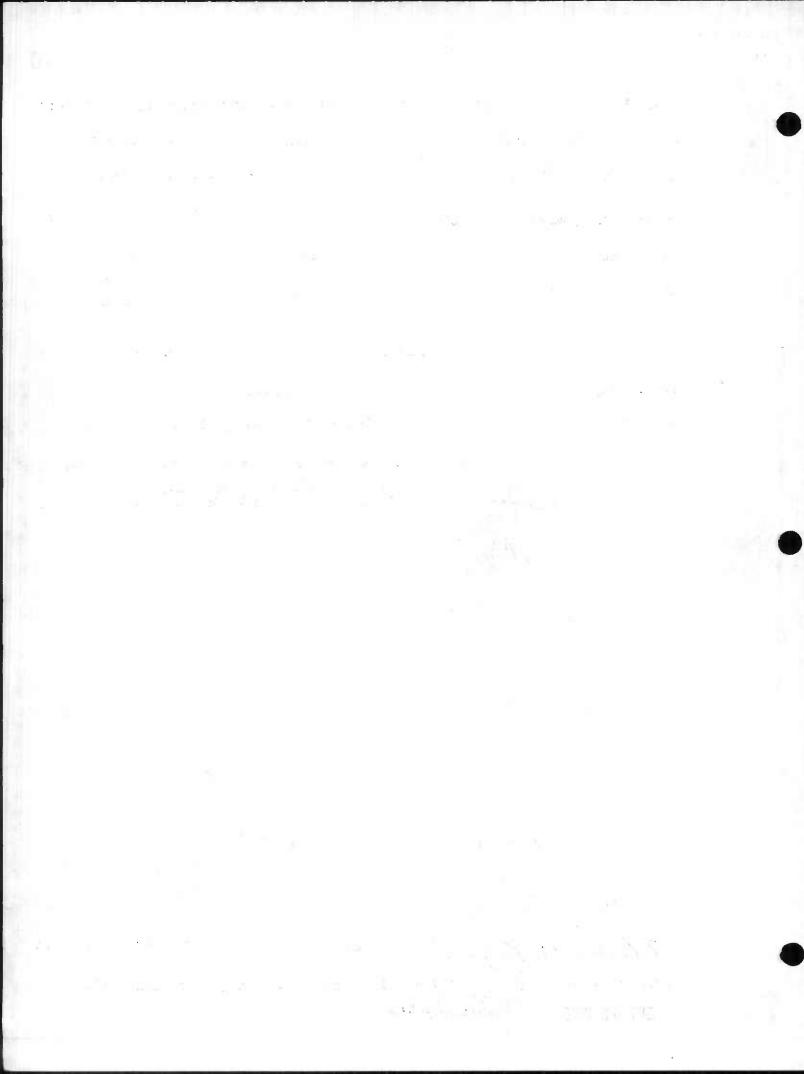
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JOHN Lickweg   17211 Palomino Court, Olney, Maryland 20832    2008   Page of Disposition (Name of Disposition (Name of Disposition (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (Name of Disposition) (													
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Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.				20h Blass	/ ZII	Palo:	mino	Cour	t, C				
200 University Blvd.W. Silver Spring, MD 2090 University Blvd.W. Silver Spring, Approximate immediate Cause (Fine) disease or conditions. Cheek only one cause on each Me.    Sequentially list conditions, if any, leading to immediate Cause (Fine) disease or condition resulting in death)   Due to (or as a consequence of):			3 Removal from State	ceme	etery, crem	metory or o	ther place		İ				
23a. Part 1 later the disease, or complications that casks the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest.  Approximate immediate Cause (fine) disease or conditions, and the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of the constraint of the cause of		4 □ Donation 5 □ Other (Sp	ecify)	Gate	of H	leaver	ı Cer	neter	y 9	/4/96	Silver	Sprin	g, Mary
24a. Was an autopsy performed?  24b. Were autopsy findin available prior to completion of ceuse of deeth?  25. Was cese referred to medicel synghiner?  26. Piece of Death (Check only one)  27. Menner of Death    Netural   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death   Death	1	immediate Ceuse (Finel disease or condition			Do not ente	er the mode	iver	sity g, such as	BIVd cerdiac o	respiratory	ilver Sp arrest,		Approximate interval Between
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Injury Work 1 V office in my opi	26. Plece r: 4 Nu at r? ee, date ancinion, deati	of Death rsing Hon 2 No 2 3 4 place, a h occurre	23b. Did 1 24a. Wa per 24a. Wa per 18d. Describe Study 18f. Location City or To	d tobacco use colly yee 2 No s an autopsy formed?  Yes 2 No cone) sidence 6 Oot how injury occu (Street and Num own, State) (Street and place, cause(s) end m, date and place, 29d. Date signe	ontribute to 3 Probe  24b. Wer available com of di  ber (Specify)  rred  ber or Rural  2 1 1 7  enner es ste and due to to ed (Month, D	the cause of dealty (Unkreament)  e autopsy findinable prior to pletion of ceuse eath?  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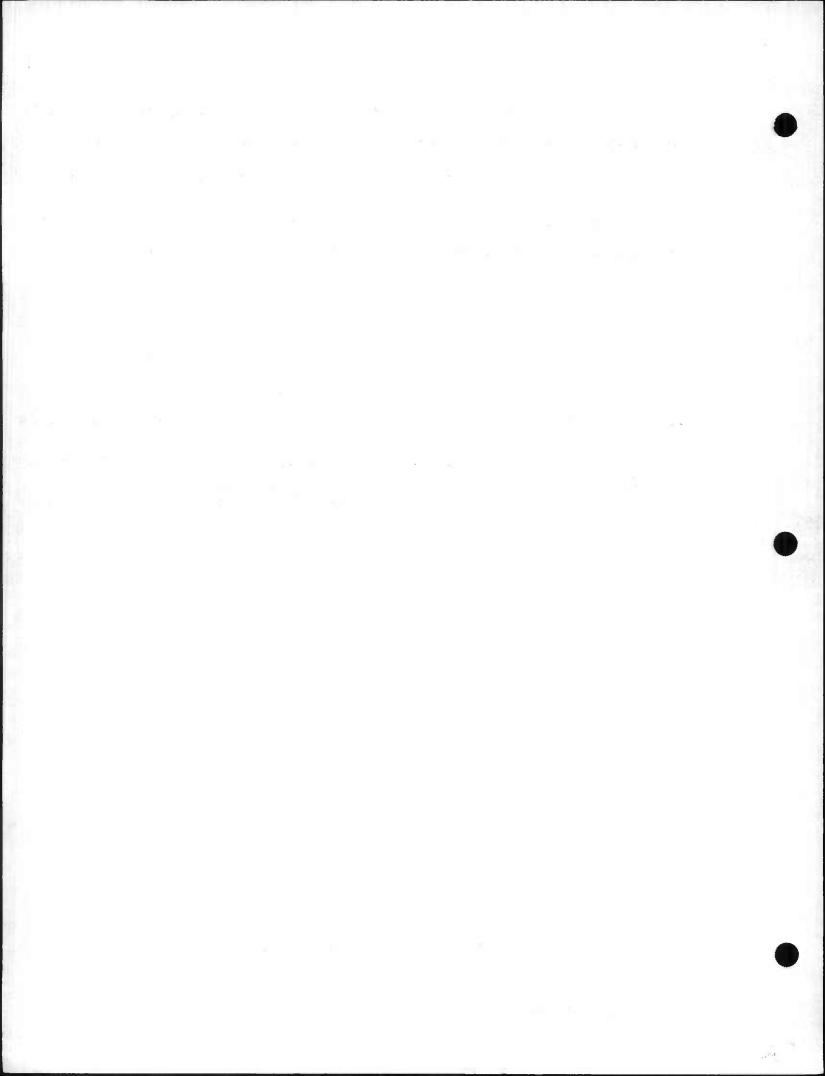


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

						Ce	rtificate of	Death		Reg. No.		
	Dhusia	ian	1. Decedent's Name (First, Middl	*					2. Data of I	Death Day	Year	3. Time of Death
	Physic /Medi			Ch	ion		La			28, 19		12:30 PM
	Exami		4a. Facility Name (If not institution 1412 Hampshire			. #6			or Location of De		y of Death Ontgo	mery
1	Funeral		Social Security Number	6. Sex	7. Aga (In yrs.		If Under 1 Year	r If Under 24				
	Director		215-94-9433 Usuai Residence of Decedent	1□M 2∰F	78	3 Yrs.	Months Days	Hours A	Nov.	29,1917	Cour	place (Stete or Foreign ntry) China
	a war		10a. State 10b. County		10c. Ci	ty, Town or L	ocation				1	Od. Inside City Limits
	with the Maryland a or 28a-f show be notified at	ctor	Maryland Montg	omery		5	Silver Sp	oring				1 ☐ Yes 2 ☑ No
	3a or 2	i Dire	10e. Street and Number 1412 Hampshire	West Cour	rt Apt.	#6	10f. Zip Coda 209	903		10g. Citizen of Vie	What Cour tnam	ntry?
0	xurs after death with the Maryla ef, or Nems 23a or 28a-f show Examiner must be notified at	Funeral Director	11. Marital Status 1 □ Nevar Married 2 □ Marr	Armed F	2 No		Was Dacedent of If Yas, specify Cult		? (Specify Yas or Nuarto Rican, etc.)		ce - Amaric ick, White,	
90	Fire Fre	i by	3 ☑ Widowed 4 ☐ Divorced	Year or I	Datas:		1 1 1 1 1 1 2 Z J 1 1 0	э эрвспу.		Specia	Y: As	sian
21215-0020	in 72 hours at n "natural", or fedical Exam	Completed	(Specify only higha			16a. Dece (Give life.	dent's Usuai Occu e kind of work done DO NOT use retire	pation during most of ed)	working	16b. Kind of B	lusiness/Inc	dustry
212	inith fore than	om	Elemantary/Secondary (0-12)	College (	(1-4or 5+)		ome Maker			Own Ho	me	
P	other other	Be C	17. Father's Nama (First, Middle,	Last)				1	Name (First, Midd			
/lar	Manta Manta Mo en	ToE	Unknown					Un	ıknown			
Maryland	and 2 should with and Mar 27 is marks or traumatio		19a. Informant's Name/Ralations Trang Thi Huynh				-		Rural Route Num			Code) 71and 20904
16	Hear of the series		20a. Method of Disposition		20b. F	Place of Disp	osition (Neme of		Date	20c. Location		
Baltimore,	hit. Pages 1 and satment of Health ortant: If Item 27 injury or other to		1 ☑ Buriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S				metory or other pla leaven Ce		9/3/96	Silver	Sprin	ng, Marylan
alti	mit. Pa partmen contant: / injury		21, Signature of Funarai Service			2	2. Nama and Addr	ress of Facility				
ä	F G W W		> Xtologan/	(4)					ns Funer			
	- 10 5		23a. Part1. Enter the disease, or shock, or heart failure. List	complications that	caused the daat	th Do not an	ter the mode of du	ing such as car	dlac or reeniratory	arraci		MD 20901 Approximata
4	Physician	ш	shock, or heart failure. List	only one cause on	each ilne.						į.	Interval Between Onset end Death
d	/Medical		fmmediate Cause (Final disease or condition		ar	ter.	~ acle	mtie	Hea	t	1	
п	Examiner		resulting in death)	8.	Due to (	or as a conse	quance of):					
-	D #	iner							Hec	ease		years
o,	certificate be executed ding physician and ise as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events	<b>6</b>		or as a consa						
68760,	ate be hysicia he bu	Icai	Cause (Disease or injury that initiated events resulting in death) Last	C	Due to (o	or as a consec	quance of):					
	n certifica anding pl use as t	n/Medicai	Tooking in doding East								1	
Box		lan		0.					,			
	the s	Physicia	Part li. Other significant condition	ns contributing to d	leath but not res	ulting In the u	inderlying causa g	iven in Part f.	23b. Di	d tobacco use co	ontributa to	o the cause of death?
P.0	law requires that the death as been signed by the atter 2 should be detached for		Cereb,	0000	cea (a)	a	caide	0	10	Yee 213 No	3 Pro	bably 4 Unknown
of Vital Records,	signed ld be del	d by							24a Wa	is an autopsy	24b. W	ere autopsy findings
COL	v require been si should	Completed								formed?	av	aliable prior to empletion of cause
Re	The lav	du										death?
B			OF Mee case referred to medical							Yes 2 No	11,	☐ Yas 2☐ No
Ē	Physician: this certific	To Be	25. Was case referred to medical examiner?  1. No	Hospital:	Inpeflent 2	ER/Outpatie	nt 3D DOA	ther	Death (Check only		10-1-1	
0	는 등 등		27. Mannar of Death	28a. Date	of injury	28b. Time o				a how injury occu		<i>y</i> 7
<u>o</u>	Attending Ph or death. ector: After thi by the funeral	atio	1 ☑ Naturai 5 ☐ Pendin 2 ☐ Accident investi	9	nth, Day Year)	injury		ork? ]Yes 2□No				
Division	A CO A	Certification:	3 Sulcida 6 Could I	ined 288. Place	e of fnjury - At h ling, etc. (Specif	ome, fam, st	reet, factory, office	)		(Street and Num.	ber or Rurs	al Route Number,
	ital or urs afte rel Din				(-)							
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	Medical		g Physician: To the Examiner: On the b and mar								
	within To th	×	29b. Signature and litia of certifie				29c. Lican	se number		29d. Date signe	ed (Month,	Dey, Year)
			1 Dol	1 au	-Qu	NO	. 2	2850	tc	A	ucy	. 29.96
	5		30. Nama and address of person	-		n 23a) (Type,			consin	Δ		59.96
	- 01		31. Date flied (Month, Day, Year)	_	Benftrar's Sign	ature = -		(a) (b)	consin	, 70		2000
	Sta Registi		SEP 0 3	1996	Registrat's Signa	ndson A	inde the					



State of Maryland / Department of Health and Mental Hygiene

27852

						Cer	tificate of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)						2. Dete of De			3. Time of Death
	Physic		Geneviev	e H. La	wrence					Month	Dey 1	Yeer OO6	0.15 DM
Ġ.	/Medi		4e. Facility Neme (If not institution, give		WICHCC			4h City To	wn or Lo	August cation of Deet		990 nty of Deeth	8:15 PM
$c^{\mu}$	Exami	ner											
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	Funeral		5. Sociel Security Number 6. S	1□M 2ÑF	(In yrs. last bir		Months Deys	If Under Hours	Min.	8. Dete of Bir (Month, De	y, Year)	9. Birth	place (Stete or Foreign
4.5	Director		5/9-42-8289	(	54	Yrs.				April	10,193	2 Mass	achusetts
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. 3	show show sd.est	-	100.00011		Too. Only, Town	1 OF LOC	ation						0d. tnside City Limits 1 ☐ Yes 2 🕅 No
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- 1	with the Maryand a or 28a-f show the notified at	Directo	10e. Street end Number				10f. Zip Code				10g. Citizen	of What Cou	ntry?
- 3	23 H		5316 Crestedge La	ane			2085	53		1	United	State	S
- 3	8 85	Funeral	11. Meritel Sfetus	12. Wes Decedent Ev Armed Forces?	ver In U,S.	13. W	Ves Decedent of I Yes, specify Cub	Hispenic Ori	gln? (Spe	city Yes or No		lece - Americ	
0	1 4 6		1 ☐ Never Merried 2 💢 Married	1 ☐ Yes 2 ☑ No		1	☐ Yes 2 No		, , , ,	mount, oto.,			
21215-0020	within 22 hours after ceast with the Marya ene. The Medical Examiner must be notified at	þ	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:		'	LI Tes ZAJNO	эреспу.			Spe	city: Whit	e
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a ;	0 H D 9	To B	Thomas J. Lyons					Gene	viev	e Kohai	nekv		
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S S	14 年 新 藤		Jefferson D. Lawn										
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o i	20 T X		1 XBuriai 2 ☐ Cremation 3 ☐	Removel from Stete	cemeter	y, crem	etory or other ple	ce) Aug	ust :	31,1996			
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Baltimore,	Department Important: I any Injury o		21. Signeture of Funerei Service Licer	nsee		RO	Name and Address A. Ckville, ckville,	Pumph	rev	Funera	Home	/	
m 1	RESEA		1 22	11 M	00335	Ro	ckville,	Inc.	300	west 1	Montgon	nery A	venue
			23a. Pen1. Enterthe disease or orm shock, or heert feilure. List only	plicetions thet caused the	he deeth. Do	not ente	or the mode of dyl	ng, such es	cardiec o	r respiratory e	rrest,		Approximete
, b D	hysician		shock, or heert tellure. List only	one cause on each line	).								triterval Between Onset end Deeth
	/Medical		immediete Ceuse (Finei					- 45,	Rel	307			13
E	Examiner		disease or condition resulting in deeth)	e. (A	Reu	NOV	/-s 0			0)		- 1	JyRs
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Bo.	ttend or us		_	v								1	
. 3	9 0 2	Physician	Part II. Other eignificant conditions of	contributing to death but	not resulting in	the un	derlying cause gi	ven in Pert I		23b. Did	tobacco use	contribute t	the cause of death?
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S'	8 6 8	by											
ם פ	been si										an autopsy	24b. W	ere autopsy findings eilable prior fo
Records, P.O	s ber	Completed								perio	ormed?	000	mpletion of cause deeth?
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	certificate rector, per		OF Mac coop referred to medical								Yes 2□No	11	Yes 2□ No
of Vital	s certific director,	o Be	25. Wes case referred to medical examiner?	Hospifei:			_ 0	hor		(Check only			
0	al di al di	<b> </b>	1 ☐ Yes 2 ☑ No	1 LI Inpatient			3LI DOA	4 LI NE		ne 5 Resi			(y)
_ 0	2 6 6	Certification:	1 ☑ Neturei 5 ☐ Pending	28e. Date of Injury (Month, Day)		ime of	28c. Inju Wo			28d. Describe	now injury oc	curred	
Division	or: /	cat	2 Accident investigatio 3 Sulcide 8 Could not b				M 1 🗆	Yes 2	-				
≥ 3	irect Dy	E	4 Homicide determined	28e. Pleca of Injury building, etc.	y - At home, fe <i>(Specify)</i>	rm, stre	et, fectory, office		1	28f. Location ( City or To	'Street end Nu wn, Stete)	mber or Run	al Route Number,
	S P O								1				
2000	within 24 hours after deeph.  To the Funeral Director: Aft completely filled in by the fur	edical	29e. Certifier 1 Certifying Ph	ysician: To the best of piner: On the basis of e	my knowledge	, deeth	occurred et the tie	me, date an	d plece, a	and due to the	cause(s) end	manner as s	stated.
1	in 24 he F	Pa	ane) 2 Medical Exam	end menner stete	ed.	JULI ILIA	osugouon, in my (	opinion, 000	ui occurr	od or the thine,	Gere end bied	, and JUS (	o me canse(s)
To	To With	Σ	29b. Signature and fittle of certifler	11/2			29c, Licent	se number			29d. Date sig	ned (Month,	Day, Year)
	,		· Code	h	)		DA	Too			8/29	91	
	6		30. Neme and eddress of person who	completed cause of dea	ath (Item 23e)	Type F	Print)	4//		19		( >	
			Richard H. Polle	·			cticut A	venue	Vor	neinato	n Mar	Mand	20895
	Sta	to	31. Dete filed (Month, Dey, Year)	32. Registrer			CCICUL A	venue	, Kel	.o.riigt0	ii, rial	Janu	20075
	Sta Registi			1 1	Davidson	20_	2.02						
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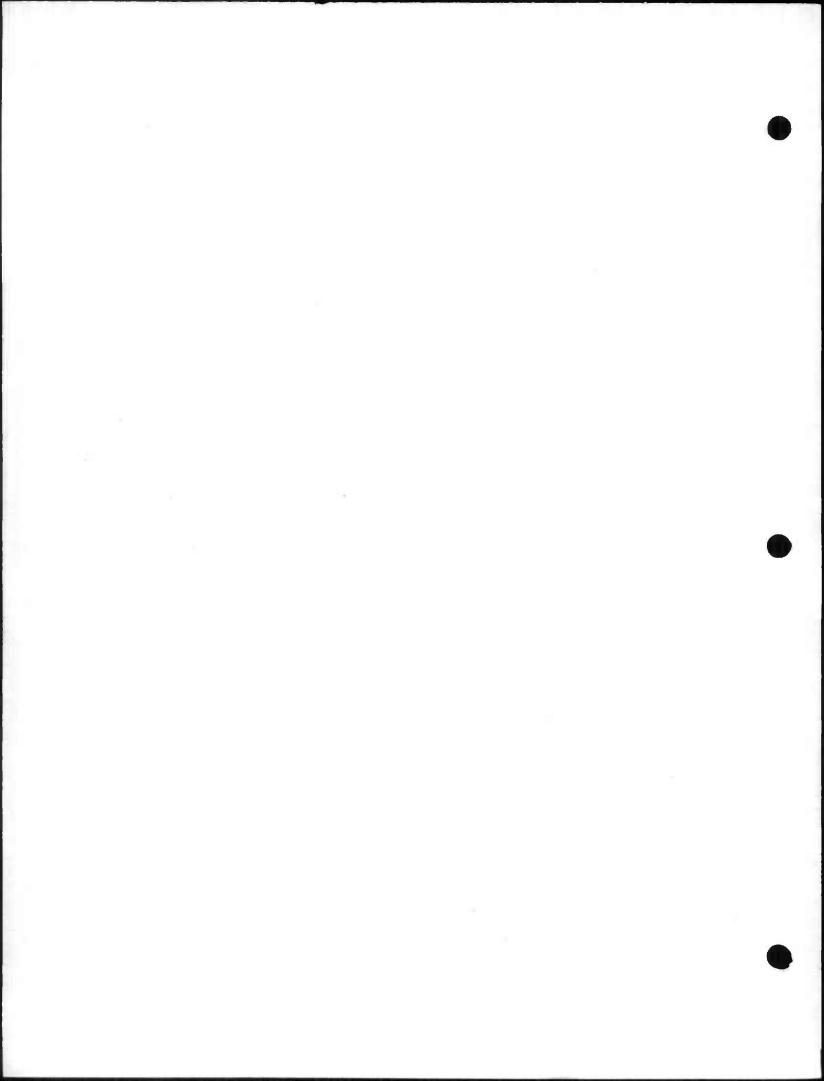
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPI	THE FUNER	be filed within	MPORTANT

215-54-5982  1 M 2 X F 84  98. FACILITY NAME (if not institution, give street and number)  Manor Care-Silver Spring  RESIDENCE OF DECEDENT  108. STATE  MANUAL MANUAL (if not institution, give street and number)  Manor Care-Silver Spring  10c. city, town or Location  Cabin John	ATHPLACE (State or Foreign Maryland F DEATH
4. SOCIAL SECURITY NUMBER  2.15-54-5982  1	ATHPLACE (State or Foreign Maryland F DEATH
215-54-5982   1	Maryland F DEATH
Manor Care-Silver Spring Silver Spring Montgo  RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  Maryland Montgomery Cabin John	
	omery
	10d. INSIDE CITY LIMITS?
MA CTOSET AND MIMOSED	1 TES 2 NO
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF	F WHAT COUNTRY?
Z	l States
	ACE — American Indian, lack, White, etc. pacify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY	,
Elementary/Secondary (0-12) College (1-4 or 5+)	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMARY  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	1.0
Ga INFORMANT'S NAME (Transford)	
James M. Lowe, Jr. 3218 North Glebe Road, Arlington, Virgi	
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or	
National Memorial Park Falls Church	ch, Virginia
22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home	Bethesda-
M00198    Application of Funeral Service Licensee   22. NAME AND ADDRESS OF FACILITY   Robert A. Pumphrey Funeral Home   7557 Wisconsin Avenue   Bethesda, Maryland   20814-3501	L Calevy Glase, Inc
23. PART I. Enter the desease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or heart fellure. List only one cause on each line.	Approximete interval Setween
IMMEDIATE CAUSE (Final	Onset and Death
disease or condition a. Combes Tive Heart Failures  Due to (or as a consequence of):	WKS
2000005-150015	425
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	7. 3.
Cause. Enter UNDERLYING CAUSE (Disease or injury	
that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF):	1/1 , 13
d.	-
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  28. PLACE OF DEATH (Check only one)  EXAMINER?  1 YES 2 NO  THER: 1 YES 2 NO  28. DATE OF INJURY (Month, Day, Year)  28. INJURY WORK?	OF DEATH?
S DID TORACCO LICE CONTRIBUTE TO CALICE OF DEATH. VEC. II NO. II LINCEPTAIN II	1 YES 2 HO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
EXAMINER?  1 YES 2 NO  EXAMINER?  1   YES 2 NO  Ther:  1   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Input   Inp	
27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
Natural 5   Pending   (Month, Day, Year)   INJURY   WORK?     YES 2   NO	
	al Route Number,
4 Homicide determined	
1 200 CERTIFIED	
29a. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch	re(e) end manner as stated.
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause.	
(Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause (a) and manner as stated.  29b. SIGNATURE AND ULL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the	NED (Month, Day, Year)
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296. SIGNATURE AND THE PROPERTY 29d. DATE SIGN D 25422 29d. DATE SIGN	T. 1, 1996



State of Maryland / Departs

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ficate of Dooth			Econ	8	V	V	
ficate of Death	Reg. No.						

		Physic /Medi Exami	cal
T		uneral lrector	
	ryland	how	

permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Mar

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

						Certifi	cale of	Death			Reg. No.				
ian	1. Decedant's Name	(First, Middla	, Last)							2. Date of Do	eath	OVer	3. Time of Death		
cal	GEORGE		Α.		MA	SON				AUGUS		L9 <b>'9</b> %	8:21		
ner	4a. Facility Name (If			nd number)						cafion of Deal		ty of Death			
7	200 MA			7 4 0-			Jndar 1 Yaar	BALT			CI				
	5. Social Sacurity Nu 289-20-37 Usual Residence of	18	6. Sax 1 <mark>∑</mark> M 2□		yrs. last bir		nths Days			8. Date of Bi (Month, D) FEB • 1	7 1927	9. Birthp CAU	placa (Stata or Forai atry) . O		
	10a. Stata 10b. County 10c. City, Town or Location											1	0d. Inside City Llmi		
to	MARYLAND			1	BALTIM	IORE							1 ☐ Yes 2 ☐ N		
I Director	10e. Street and Num 200 MAUDE		E		_	10	f. Zip Coda				10g. Citizen o	f What Cour	ntry?		
y Funeral	11. Marital Sfatus  12. Was Decedent Ever Amed Forcas?  1 □ Never Married 2 □ Married 1 ☑ Yes 2 □ No If Yas, Give					If Yes	Decedent of I	an, Mexicer	ispanic Origin? (Specify Yas or No- in, Mexicen, Puerto Rican, etc.)  14. Race - American Indian, Black, White, etc.						
ed by	3 □ Widowad	4 Divorced 15. Decedant's	Year	r or Dates: 194			Usual Occu				16b. Kind of		ductor		
Completed	(Special	fy only highast	t grade comple			(Give kind o	of work done OT usa ratine	during mos	t of work!	ng	TOD. KING OF	Dusi lessa i i	adsity		
mo:	Elemantary/Secon	idary (0-12)	O	ege (1-4or 5+)	AR	TILL T	USTRAT	OR			U.S. N	AVAL A	CADEMY		
Be C	17. Father's Nama (I	First, Middle, L	ast)						r's Name	(First, Middle	, Maidan Surna				
To	GEORGE	E A. MA	SON						SUZY	MASON					
	19a. Informant's Na	me/Ralationsh	ip (Typa, Print	")	19b	Mailing Ad	drass (Stree	and Numbe	er or Rura	I Route Numb	er, City or Tow	n, State, Zip	Coda)		
	ALBERT J.	MASON	(SON)		17	98 C	BELLE	BRIVE	ANN	APOLIS	, MD. 2	1401			
	20a. Method of Disposition  1  Burlat 2 Cremation 3 Ramoval from Stata 4 Donatlon 5 Other (Specify)  20b. Place of Disposition (Name of cemetery, cramatory or other place)  MARYLAND VETERAN CEMETERY 9/										20c. Location	,	,		
	21. Signatura of Fun	1 4.1	Reese			WM.	WEST S	& SON	S MO	RTUARY	0. 2140	1			
Iner	Immediate Cause (F disease or condition resulting in death)		a F	Heos		oh2 consequence		diov	we	ular	dise	ose			
I Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying														
edical E	Cause (Disaase or Injury that Inflated events rasulfing in death) Last  Due to (or as a consequence of):											1			
Ž	rasulfing in death) La		d.	d											
Ž	rasulfing in death) La		d												
Ž	rasulfing in death) La		d	to death but not	resulting in	the underly	ing causa gi	ven in Part i		23b. Did	tobacco use c	ontributa to	the cause of deat		
Physician/M	rasulfing In deafh) La		d	to death buf not	resulting in	the underly	ing causa gh	ven in Part i			tobacco uae c		the cause of deatl		
by Physician/M	rasulfing In deafh) La		d	to deafh buf not	resulting in	the underly	ing causa gh	ven in Part i		1  24a. Was		3 Prot			
Physician/M	rasulfing In deafh) La		d	to death buf not	resulting in	the underly	ing causa gh	ven in Part i		1  24a. Was	Yee 2□ No an autopsy pmed? - hal	24b. Wa ava cor of c	pably 4 Unknown under the unknown under the understandings allable prior to unpletton of ceusa		
Be Completed by Physician/M	rasulfing in death) Li Part II. Other signific  25. Was cese refarre examinar?	cant condition		to deafh buf not	resulting in	the underly		26. Place		24a. Was perfo	Yee 2□ No an autopsy omed?  That  Yes 2♥No	24b. Wa ava cor of c	ara eutopsy findings allable prior to impletion of ceusa death?		
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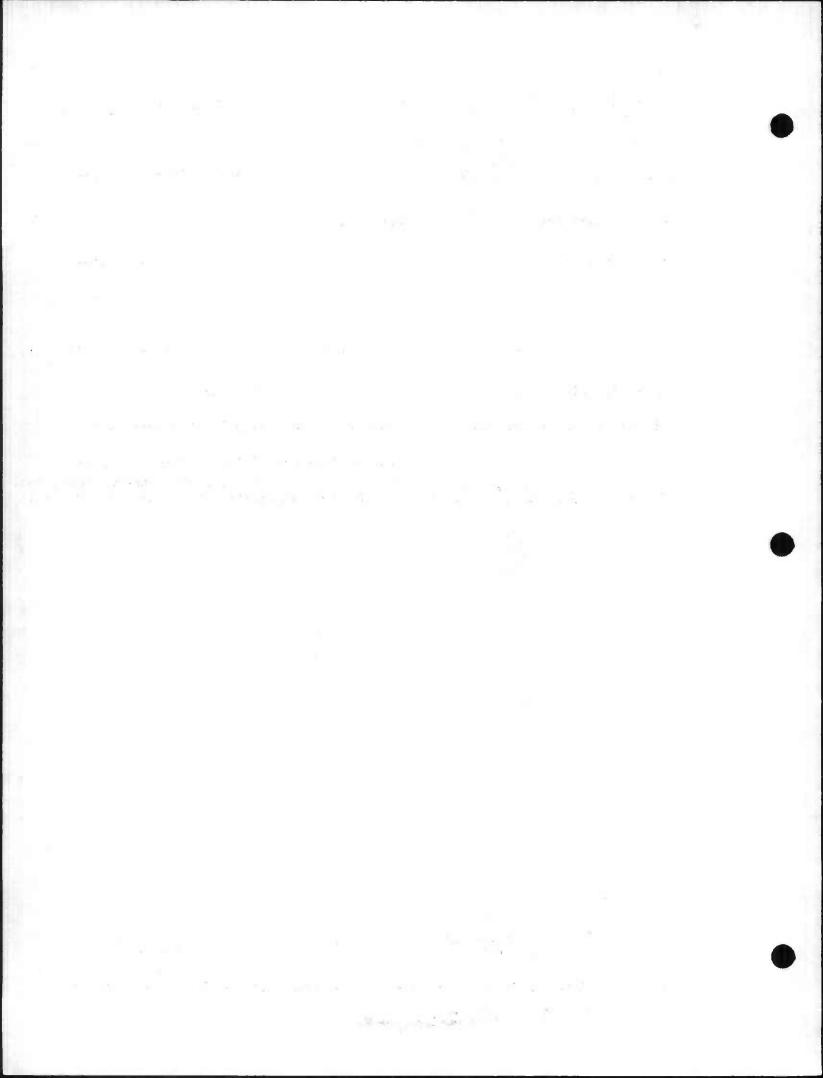
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State Registrar

31. Date filed (Month, Day, Year) SEP 0 4 1996



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#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Montanary , William Emerson Sr. 3Ó 1996 August 12:40 p.m. /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Fallston General Hospital Fallston Harford If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 9. Birthpiace (Stata or Foreign Country) Pennsylvania 7. Aga (In yrs. last birthday) **Funeral** 11 M 2□ F Days 172-09-1043 77 Yrs. Director Usual Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Harford Bel Air 1 Yas 2 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 5 202 Woodland Drive items 23a 21014 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Black, White, atc. should be filed within 72 hours after on Mental Hygiene.
Tranked other than "natural", or iter 1 ⊠Yes 2 □ No
If Yes, Giva
Year or Dates: 1942-46 1 Never Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupetion
(Giva kind of work done during most of working
lifa. DO NOT use retired)
Director of Programs and
Resource Management 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Chemical & Research College (1-4or 5+) Elementary/Secondary (0-12) Ctr. U.S. Government permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If frem 27 is marked othe any injury or other traumatic event pages. 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surnama) Be Gabriel Angelo Montanary Rose (U/K) Fratteroli 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ida D. Montanary, Wife 202 Woodland Drive, Bel Air, Maryland 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Removal from State Bel Air Memorial Gardens 9/4/96 Bel Air, Maryland 4 Donation 5 Other (Specify) 21. Signature of Furieral Service Licensee 22. Name and Addrass of Facility
HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Maryland 21009 23a. Part1. Entar tha disaasa, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or haart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in daath) Pancreatic cancer, end stage 3 months **Examiner** Due to (or as a consequence of): Physician/Medical Examiner Complications of pancreatic cancer, unresectable 2 months attending physician and for usa as the burial-transit Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Encephalopathy, sepsis P.O. Box 68760, 1 month Dua to (or as a consequenca of): Jaundice 1 week 23b. Did tobacco use contribute to the cause of death? Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 3 Probably 4 Unknown 1 Yes 2 No Aortic valve replacement signed b Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy Hypertension completion of cause of death? 1 Yes 25 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to medical 28. Placa of Death (Check only ona) Hospital: 1 i inpetient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To this To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral! 28c. Injury at Work? 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1 Naturai 5 Pending investigation 2 Accident 3 Suicide 8 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and placa, and due to the causa(s) and mannar as stated.

[Insert State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat Medical 29a. Certiflar (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D38965 August 30, 1996 of person who complated cause of death (Item 23a) (Type, Print) Samuel E. Wilson, M.D., Fallston General Hospital, Fallston, Maryland 21047 31. Date filed (Mg/h, Pay- YGr) 1996

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate	e of	Death			Reg. No.	) ()	C	1001
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	Exami	nei	University of			al				imore			ity		
	Funeral Director		5. Social Security Number 219–28–3119	6. Sex 1 ☐ M 2 ☑ F		rs. last birthday, Yrs.	Months Devs Hours Min			4 Hrs. 8. D Min. NO	8. Dete of Birth (Month, Day, Year) NOV. 17, 1930			olece (S ntry) yla	State or Foreign
	p .		Usuel Residence of Decedent  10a. State 10b. Count		100	Ch. Tour sal									
	Aanyla f show	5		rford		City, Town or L Darkind									ide City Limits Yes 25 No
	28a	Tect	10e. Street end Number 10f. Zip									10g. Citizen of N	What Cour		
	3a or	Funeral Director	602 Stokes Roa	ad			,	210	34			U.S.		, .	
	deat	ner	11. Meritel Stetus	12. Was De	ecedent Ever in	U,S. 13.	13. Wes Decedent of Hispenic Origin? (Specify Yes or No- It Yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. Rece - American Indi Bleck, White, etc.						en,		
21215-0020	filed within 72 hours after death with the Maryland Hygiene. "natural", or items 23s or 28s-f show ther than "natural", or items 23s or 28s-f show ont, the Medical Evantiver must be incitited at	þ	1 ☐ Never Merried 2 ☐ Me 3 ☑ Widowed 4 ☐ Divorce	rried 1 Tes	3 2 No Give		1 □ Yes 2		Sugara.	r donto rnodi	1, 610./	Specify			
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lan		-	19e. tntorment's Neme/Reletion	ship (Type, Print)		19b. Meil	ing Address	(Stree	t end Number	or Rural Rou	ute Numbe	er, City or Town,	Stete, Zip	Code)	
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altimore,			20e. Method of Disposition  1 XBuriel 2 Cremetion 4 Donetion 5 Other (		n State	Plece of Disponent Cametery, cre	metory or of	ther ple		s 9/4/		20c. Location - Bel Air			
Balt	permit. Pages 1 Department of H Important: If its any Injury or ot once.		21. Signeture of Funeral Service Licensee  22. Neme and Address of Fecility Tarring—Cargo Funeral Home, P.A. Aberdeen, Maryland 21001–3399												
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State of Maryland / Department of Health and Mental Hygiene 27858 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Month Vaar Physician PEARL MILLER 29 1996 8:00 p.m. August /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Hart Heritage Home Street Harford | H Undar 1 Yaar | H Undar 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 6. Sax Birthpiece (Steta or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 M 2 N F Yrs. Director 220-34-7404 96 3/20/1900 Maryland Usuai Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show show MD Harford Street 1 ☐ Yas 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? tem 27 le marked other than "naturel", or items 23a or other treumatic event, the Modical Examiner must be a 21154 USA 101 Cherry Hill Road permit. Pages 1 and 2 should be filled within 72 hours aftar death 1 Department of Health and Mental Hygiana. Important: If item 27 is marked other than "netural", or item-nonly injury or other trainment. Funeral 12. Was Decedant Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bieck, White, etc. 1 ☐ Yes 2 X No If Yes, Giva Year or Detes: 1 Never Merried 2 ☐ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: spwhite g 3 Nidowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Homemaker 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Sarah Ilev John H. Stewart 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3611 Miller Rd., Street, MD 21154 Marilyn C. Thompson/grand Daug hten Disposition (Nama of cematary, cramatory or other piece) 20c. Location - City or Town, Steta 1XXunel 2 ☐ Cramation 3 ☐ Removei from Steta 4 ☐ Donetion 5 ☐ Other (Specify) 9/1/96 Highland Cemetery Street, MD 21. Signature of Funeral Service Licensee 22. Nama and Address of Fecility Harkins Funeral Home, Interest. Entar the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on sech line. Harkins Funeral Home, Inc. Delta, PA **Physician** Colon Cancer /Medical Metastatic fmmediata Ceuse (Finel 5 years disaese or condition resulting in deeth) Examiner sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): attending physician for use as the buria Box 68760. Physician/Medical Due to (or as a consequence of): Pert fi. Other significant conditions contributing to death but not resulting in the undarlying causa given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wera autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peed has 1 ☐ Yes 2X No 1 ☐ Yes 2 ☐ No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funerel Director: After this certifical completely filled in by the funeral director; 25. Wes case reterred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No To 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Neturei 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suiclda 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Kertifying Phyalcian: To tha best of my knowledge, deeth occurred at the time, dete end place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or invastigetion, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end menner steted. 29b. Signatura and title of certifiar 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar 31. Dete tiled (Month, Dey, Year)

SEP - 3

Scott S. Haswell, M.D. 2 North Avenue 32. Registrer's Signature

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

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Bel Air, MD

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59

3. Time of Death

6:45 PM

1 ☐ Yes 2 No

State of Maryland / Department of Health and Mental Hygiene	96	278
Certificate of Death Reg. No.		_ / 0

Physician /Medical Examiner		yle
Funeral Director	500 Trimble Rd.  5. Social Security Number 6. S	ex Mg M
imore, Maryland 21215-0020 Pages 1 and 2 should be filed within 72 hours after death with the Maryland sent of Health and Mental Hygiene.  Int: If itams 27 is marked other than "netural", or itams 23 or 28s-1 show int or other traumstic avant, the Medical Exeminer must be notified at To Be Completed by Funeral Director	10a. Stete 10b. County	
Ind 21215-0020 so filed within 72 hours after death with the Ma tal Hygiene. d other than "natural; or itams 23a or 28a-f a avent, the Medical Examines must be motified.  Be Completed by Funeral Director	11. Maritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. V
more, Maryland 21215-0020 Pages 1 and 2 should be filed within 72 hours aft ent of Health and Mental Hygiene. Int: If Itam 27 Is marked other than "natural", or ry or other traumatic avent, the Medical Exerci-	15. Decedent's Ed (Specify only highest gra Elementery/Secondary (0-12)	
imore, Maryland 212 Pages 1 and 2 should be filed with Pages 1 and 2 should be filed with this file and Mental Hygiene this if it ham 27 is merked other than iny or other traumatic avant, the	17. Fether's Neme (First, Middle, Last) William Derr M  19e. Informent's Neme/Reletionship (7)	cCl
ire, Maryle stand 2 should relate and New Trian market other traumatic	Delores A. McCle	
Pages 1 to Pages 1 to Pages 1 to Pages 1 to He Inc. If I than 1 try or other	20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Frecity	

Department of Important: If it any injury or once.

**Physiclan** /Medical

Examiner

physician and the burial-transit

attending ph

been signed by the a should be detached f

page 2 s

certificate

After this funeral

Hospital or Attanding Physician:

death.

after death Director:

To the Hospital of within 24 hours at To the Funeral D completally filled?

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Examiner

Physician/Medicai

à

Completed

Be

0

Certification:

edicai

n, give street end number) 6. Sex 7. Age (In yrs. lest birthdey) 15 M 2□ F Yrs 66 10c. City, Town or Location

If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 8. Dete of Birth (Month, Day, Year) Months

 Birthplece (State or Foreign Country) Aug. 21, 1930 Maryland 10d. Inside City Limits

Joppa

10f. Zlp Code 10g. Citizen of What Country? 21085 USA

2. Dete of Deeth

Month

Sept.

4b. City, Town, or Location of Deeth

Joppa

Dey

2,

Vee

Harford

1996

4c. County of Death

500 Trimble Rd. 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus 1 ☐ Never Merried 25 Merried 3 ☐ Widowed 4 ☐ Divorced

TV Yes 2 No If Yes, Give Yeer or Detes: Korea

Tyler McCleary

 Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

14. Rece - American Indien, Bleck, White, etc. Specify. White

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 12

College (1-4or 5+)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Overhead Supervisor

Utilities

16b. Kind of Business/Industry

18. Mother's Neme (First, Middle, Meiden Sumeme)

Susie Tyler Wood

William Derr McCleary 19e. Informent's Neme/Reletionship (Type, Print)

Delores A. McCleary - Wife

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

500 Trimble Rd., Joppa, Md. 21085 Dete

20e. Method of Disposition

20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Gardens of Faith Cemetery 9-5-96

20c. Location - City or Town, Stete Baltimore, Md.

1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servi

22. Name end Address of Facility

Howard K. McComas III Funeral Home, P.A. ever complications that caused the death. Do not enter the mode of dying, such as cardled or respiratory arrest,

Approximately F.A.

1317 Cokesbury Rd., Abingdon, Md. 21009

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Approximately Rd., Abingdon, Md

Pert1. Enter the diseas shock, or heert feilure. Immediate Cause (Finel diseese or condition resulting in deeth)

lung ances Due to (or es e consequence of) Approximete interval Between Onset end Deeth

molto

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest

Due to (or es e consequença of):

Due to (or es e consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown

24e. Wes en autopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of deeth?

1 Yes 2 ONO

1 ☐ Yes 2 ☐ Ne

25. Wes cese referred to medical exeminer? 1 Yes 2 No 27. Menner of Death

5 Pending investigetion

6 Could not be determined

28e. Dete of Injury (Month, Dey Yeer)

1 Inpatient 2 ER/Outpetlent 3 DOA 28b. Time of 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 28d. Describe how Injury occurred

28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

96

29a. Certifier (Check only one)

1 Meturel

2 Accident

3 Suicide

4 Homicide

1 Lertifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and plece, and due to the cause(s) end menner steted. 29c. License number 29d. Dete şigned (Month, Dey, Year)

D1848/

29b. Signeture and title of certifier

MD 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) 6830

BALTO

26. Place of Death (Check only one)

State Registrar

MYO THANT 31. Dete filed (Month, Dey, Year)

- 4 1996

32. Registrer's Signature

HOSPITAL DRIVE

ANK TART

State of Maryland / Department of Health and Mental Hygiene

27860

							Cer	tificate o	f Dea	ath		Reg. No.	20	Con / (	
Physician /Medica	1	. Decedent's Name KELLY	(First, Middle,	Last) ANN			MAN	NER			2. Date of D Month SEPT	Day	Yeer 996	3. Time of 152	Death 5 PM
Examine	4	a. Facility Name (If SUBURBA)		-	num <i>ber)</i>				1	y, Town, or L ETHESI	ocation of De	ath 4c. Cou	nty of Death	ERY	
uneral irector		. Social Security Nu 217-84-88		6. Sex 1 ☐ M 2 🔀 F		e (In yrs. last b	irthday) Yrs.	If Under 1 Ye Months Day		nder 24 Hrs. burs Min.	8. Date of E (Month, I Dec. 2	Sirth Day, Year)	Cou	ntry)	
	_	Isual Residence of													
a or 28a-f ahow be notified at		oa. State	10b. County  Montgo	merv		10c. City, To	onsv								
or 28a-fa be notified	1	0e. Street and Num				-	Test 8	10f. Zip Code	9			10g. Citizen o	t What Cou	ntry?	
4 C		101 Goshe	en Vall	ev Drive	2			208	382				USA		
soical Examiner must be letted by Finneral	1	1. Maritel Status  1 📆 Never Marrie	od 2 Marrie	12. Was De	ecedent l Forces? S 217 N	Lens.		/as Decedent o Yes, specify Co	f Hispani uban, Me		pecify Yes or No Rican, etc.)		ace - Ameri lack, White,	etc.	
# 등	3	19114	15. Decedent's		Daitos.	160	Decede	ent's Usuai Occ	unation						
t, the Medical i		(Special Elementery/Second	grede completed	1) (1-4or 5	+)	(Give k	ind of work dor O NOT use reti	ne during ired)		king		9. Birthplace (State or For Country) Washington I  10d. Inside City Li 1□ Yes 25  Ilzen of What Country?  USA  14. Race - American Indian, Black, White, etc.  Specify: White ind of Business/Industry  alectric Company Surname) acher  or Town, State, Zip Code) ville, MD 20882  ocation - City or Town, State  kville, Maryland  me, Inc. Spring, MD 2090  Approximate Intervel Between Onset and Deat			
		7. Father's Name (F	First, Middle, L	est)		01	CIK	/ Kecel			ne /First Midd	le, Maiden Sum		Compa	IIy
traumatic ever	G	lenn R. M	Manner							Mary	W. Har	mmerbach	ner		
		9a. Intormant's Nar 1enn R. M		p (Type, Print)											82
any injury or other	20	0e. Method of Dispo 1 ☑ Buriai 2 ☐ 4 ☐ Donetion	Cremation :	3 □Removal tron	n State	cemete	ery, crem	ition (Neme of atory or other p Memoria		rk	Date 9/6/96				i
ician dicai niner	lr d	23a. Part1. Enter the shock, or heert mmediate Cause (F iseese or condition esulting in death)	inal	omp cations theinly miceuse on	H	the death. Do	not ente	the mode of d	lying, suc					Approximete Intervel Bety	e ween
use as the buriel-transit	Sif	equentially list cond any, leading to impage and Enter Under	ditions, mediate	b		Due to (or as a	consequ	ence of):							
Wedical	th re	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last  Due to (or as a consequence of):													
- =				d											
d be deteched for		Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.							Pert I.		d tobacco uss			of death? Unknown	
2 shoul												is an autopsy formed?	av	ere autopsy ti allable prior to mpletlon of or death?	
rector, page											DE	[Yes 2□No	135	ZYes 20	No
director.	2!	5. Was cese reterre examiner?	d to medicel						26. 1	Place of Dee	th (Check only	one)			
To F		waminerr Wes 2 □ N	lo	Hospital:	Xnpatie:	nt 2 ER/O	utpetient	3 DOA	Other: 4[	Nursing H	ome 5□Re	sidence 6 🗆 C	ther (Specif	y)	
I in by the funeral ertification:		7. Menner ot Deeth 1  Netural 2  Accident	5 Pending Investiga	28a. Date (Mo	ot injur nth, Day	Year) 28b.	Time of Injury	28c. In W			28d. Describe	o how Injury occ	urred		
d in by the funera		3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could no determin	t be 28e. Piac	28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify)						28t. Location (Street and Number or Rural Route Number, City or Town, State) R.J. 270 & Shard, Grant Cd				

29a. Certifier (Check only one)

Certifying Physician: To the best of my knowledge, death occurred at the time, date end piace, end due to the cause(s) end manner as steled.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture and title of certifier

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) SEPT. 3, 1996

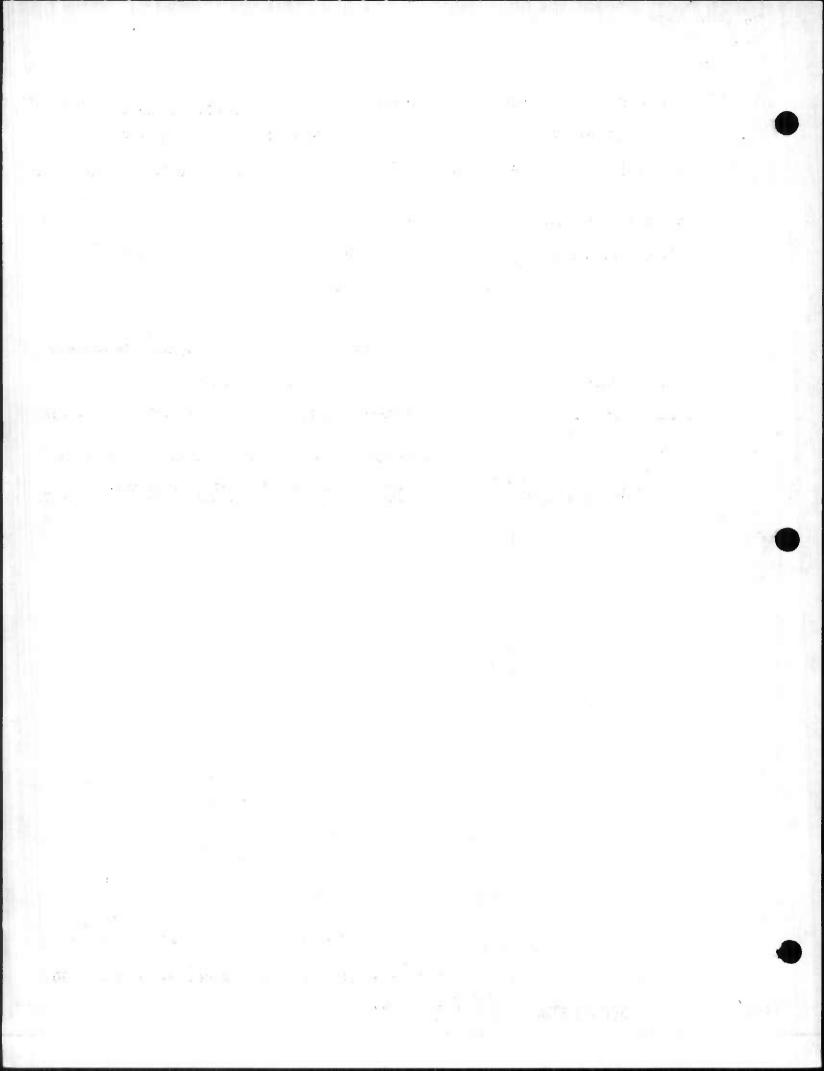
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

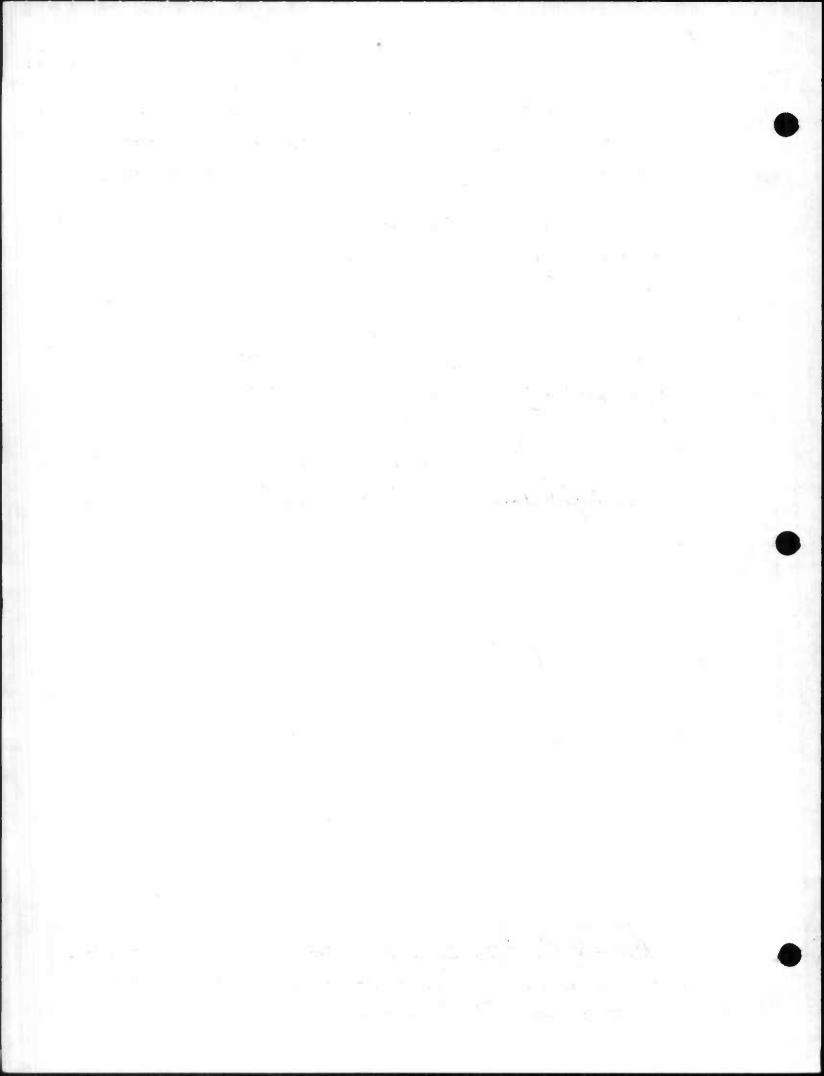
10

31. Date tiled (Month, Day, Year) SEP 0 6 1996



# Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate o	f Death		Reg. No.		- 1001
	T. David		1. Decedent's Name (First, Middle, Las	t)			100.11	2. Date of D	Death		3. Time of Death
	Physic		Ray	mond Kirby	Mats	on.		Septen	Day	1996	11:00 AM
	/Medi Exami		4e. Fecility Name (If not institution, give		Mats	SOII	4b. City, Town, o			ty of Deeth	TT.UU AM
п	Exam	ilei	8515 Sligo Creek				Takoma				214
Н	Francis		5. Sociel Security Number 6. Se		yrs. lest birt	hday) if Under 1 Yes	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			tgomer	
8	Funerai Director			ŪM 2□ E	,	Yrs. Months Dey		. (Month, E	Dey, Year)	Count	ace (Stete or Foreign
			Usual Residence of Decedent	5.	0			UCT. Z	3, 1939	wasni	ington, DC
	/land		10a. State 10b. County	100	City, Town	or Location				10	Od. inside City Limits
	the Marylar 28a-f show	ō	Maryland Montgom	orv	Takom	a Park					1 Ves 2 No
	1 the	Director	10a. Street and Number	CIY	TUKOIII	10f. Zip Code			10g. Citizen of	What Count	in/?
	3a o		8515 Sligo Creek	Parkway		20912			United		
	Jeath Ins. 2	Funeral	11, Maritel Stetus	12. Was Decedent Ever	in U.S.	13. Wes Decedent of		Specify Yes or N		ce - America	
0	r ke	F	1 ☑ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 🕱 No		if Yes, specity Cu	ıben, Mexican, Puè	rto Rican, etc.)		ack, White, e	
21215-0020	72 hours after death with the Maryland natural; or items 23s or 28s-f show sical Evarriner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1□ Yes 2NN	o Specify:		Specif	ly: Wh	ite
0	2 ho	Completed	15. Decedent's Edu		16a.	Decedent's Usuai Occ	upation		16b. Kind of B		
215	hin 7	ple	(Specify only highest gred Elementary/Secondary (0-12)	le completed) College (1-4or 5+)		(Give kind of work don life. DO NOT use reti	e during most of we	orking			
21	d within giene. r than	E	12	4	Con	struction	Superinte	endent	Exca	vation	
	Hygir other ent, p	Be C	17. Fether's Neme (First, Middle, Last)						e, Meiden Sumer		
<u>a</u>	lid be lental ked o	To B	Raymond Nathan	Matson			Corne	lia Kir	by		
Maryland	nd Meni marked	-	19a. informant's Name/Reletionship (T)	vpe, Print)	19b.	Mailing Address (Stre				Stete Zio	Code)
	1 and 2 Health a em 27 is		Thomas Ingold			Same as 10					
ē,	f Hei f Hei othe		20a. Method of Disposition	20	b. Place of	Disposition (Name of	(ana)	Date	20c. Location	- City or Tov	wn, State
E C	Peges net of h		1 ☐ Burial 2 ☐XCremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)			v, cremetory or other p	*	0 6 06	Do 1 + over	:11.	Manuelland
			21. Signature of Funeral Service Licens		cnesap	peake Crema	ress of Facility	9-6-96	beitsv	irre,	Maryland
ä	permit. Departr Import		1. 10:11	1		Rapp Fune	ral Serv	ices, P.	Α.		
	-		23a Part 1 Enter the disease or come	ignations that sourced the	doeth Do-	933 Gist	Avenue,	Silver S	Spring, I		
			23a. Part1. Enter the disease, or composhock, or heart failure. List only o	ne cause on each line.	Jean. Don	or aller the mode of a	ying, such es cardia	ic or respiratory	arrest,	1.0	Approximate interval Between Onset end Death
	Physician /Medicai		Immediate Cause (Fine)								
	Examiner		disease or condition resulting in death)	. Hepatoc	ellula	r Carcinom	1a			(	months
		5		Due	to (or as a c	onsequence of):				1	
	pet hsit	Examiner		b							
	icate be axecuted physician and s the burial-transit	хаг	Sequentially list conditions, if any, leading to immediate	Due	o (or as a c	onsequence of):					
68760,	bes		cause. Enter Underlying Cause (Disease or injury that initiated events	3							
287	certificate be axecuted ding physician and se as the bunal-transit	//Medical	resulting in death) Lest	Due t	o (or as a co	onsequence of):				į	
X		8		d							
	atter	Physician									
o	es that the deeth igned by the atte be detached for	ıysı	Part ii. Other significant conditiona con	ntributing to death but not	resulting in	the underlying cause of	given in Part I.	23b. Dic	tobacco use co	intribute to	the cause of death?
۵.	that ed by deta							1	Yes 2 No	3 Probe	ably 4 Unknown
SD	The law requires that the deeth ate has been signed by the atter page 2 should be detached for	d by						040 14/0		T 24h Ma	re autopsy findings
Ö	been si should	ete						perl	s an autopsy formed?	aval	llable prior to
ec .	has has be	ldu								of de	eath?
=		Completed						10	Yes 2 No	10	Yes 20XNo
=======================================	Attending Physician: The reach.  ector: After this certificate by the funeral director, part	Be	25. Was casa referred to medical examiner?					eth (Check only	one)		
5	Physic this c	2	1 ☐ Yes 2 ☐XNo			Datient SLI DOA		Home 5 (X) Res	idence 6 Oth	ner (Specify)	)
_	ding P h. After t funera	e E	27. Manner of Death 1V□Natural 5 □ Pending	28a. Date of injury (Month, Dey Yea	28b. Ti	me of jury 28c. Inj	ury et ork?	28d. Describe	how injury occur	red	
<u>S</u>	endi eath. or: A the fu	sati	2 Accident Investigation				☐ Yes 2 ☐ No				
Division of Vital Records,	irect irect n by	Certification:	3 Suicide 6 Could not be determined	28e. Place of injury - A building, etc. (Sp	At home, farr ecify)	m, street, factory, office	9	28f. Location City or To	(Street and Numb	ber or Rural	Route Number,
۵ ,	is af										
	To the Hospital or Attendin within 24 hours after death.  To the Funerel Director: Att completely filled in by the fu	edical	(Check only 2 Medical Examin	sician: To the best of my nar: On the basis of exam	knowledge,	death occurred at the t	time, date and piac	e, and due to the	cause(s) and ma	anner as sta	ited.
	the plant	Med		and manner stated.	THIS COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUN			arred at the time			
i	5 × 5 × 5	-	29b. Signature and little of certifier	2 1		29c. Licer	nse number		29d. Date signe	d (Month, D	ay, Year)
			Novel a	· Rouse	in a	NO D50	367		Septembe	er 5.	1996
	15	Ī	30. Name and address of person who co		item 23a) (T	ype, Print)					
			David A. Garcia, M		East	jefferson	Street, F	Rockvill	e, MD 20	0852	
	Sta		31. Dete filed (Month, Day, Yeer)	32. Registrar's Si	onature	m. e.m					
	Registr	ar	SEP 0 6 199	16 June 1	eviden-	Moderne					



BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	hat the death certificate be executed with
ISION OF VITAL RECC	NDING PHYSICIAN: The law requires to

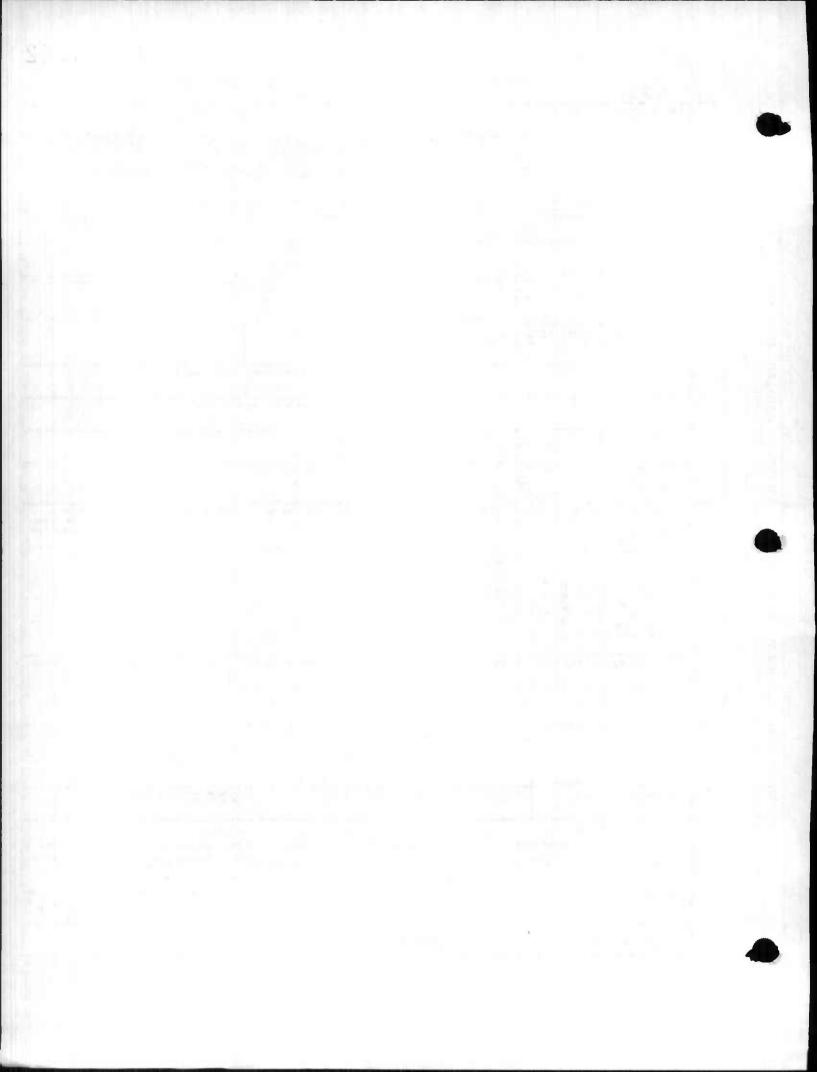
TO THE HOSPITAL DR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should inth Estate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	caminer must be notified at once.
be executed within hours after death. Page 6	ian and completely filled in by the funeral direct in to bunal, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r Item 23 shows any injury, or other tra
TO THE HOSPITAL DR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certil be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).						
1. DECEDENT'S NAME (First, Middle, Last)	Α.	me Panie	- /		2. DATE OF DEATH MONTH	DAY YEA						
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6. Bi	RTHPLACE (State or Foreign untry)					
292-16-7107	1 - M 2 - F	71 YRS.			March 9,1		nio					
9a. FACILITY NAME (II not institution, give a Manor Care — Bet RESIDENCE OF DECEDENT			Bethes	or location of de	ATH	9c. COUNTY O	tgomery					
10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY					
Maryland Mo	ntgomery	R	lockvill	e 1. ZIP CODE		1 LIMIT: 1 YES						
4306 Aspen Hill R	<del></del>			20853		U.	S.A.					
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAS UNKN		If yes, sp	CENDENT OF HISPAN pecify Cuban, Mexicar B 2 M NO Specify		8	ACE — American Indian, Hack, Whita, etc. pecify: White					
15. DECEDENT'S EDU (Specify only highest grade	completed)	life Do MOT uses	ork done during me		16b. KIND OF BL	JSINESS/INDUSTR	Y					
Elementary/Secondary (0-12)	College (1-4 or 5 +) 5+	Analyst			Govern	ment						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Meide	Surname)						
Lansdale McDa	niel				ella Gr							
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural R	bute Number, City or To	wn, State, Zip Code	):					
Marilyn McDaniel		4306 As	pen Hil	ll Road	Rockville	,Marylar	nd 20853					
20e. METHOD OF DISPOSITION 1	ovel from State	20b. PLACE AND DATE OF	ob. PLACE AND DATE OF DISPOSITION (Name of emetery, cramatory or other place)  Metropolitan Crematory 9/4/96 Alexandria, Virginia									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 209  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximation of the caused the death.												
disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
PART II. Other aignificant condition	- de	2	the underlyin	g cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
Caronary 14	clery 1	Nsease			1 _ YES	2 1 NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2' NO					
25. WAS CASE REFERRED TO MEDICAL			/	1 105 05 05 05								
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che								
1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF I	NJURY 28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 ND	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE						
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a, PLACE OF building, e	INJURY — At home, farm, st dc. (Specify)			281. LOCATION (Street City or Town, State		rel Route Number,					
enel		my knowledge, death occurred					se(a) and menner as stated.					
29b. SIGNATURE AND THEE OF CERTIFIE	10 p	Mr	~	29c. LICENSE NUM 29c. 2333	S-7	29d. DATE SIGN	NED (Month, Day, Year)					
Lee Jona	H- 4	Pusher us	Print) 63	20 17e	nocrany	BLU	Belleich 20815					
31. DATE FILED (Month, Day, Year) SFP 0.5. 1996	32. REGISTRAF	S SIGNATURE										



DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

27863

Certificate of Death 3. Time of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth Month **Physician** POROTHY MEIKLE-BHA 30 AUG /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not Institution, give streat and number) 4c. County of Death Examiner Collingswood Nursing Center Rockville Montgomery If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months Deys 1 ☐ M 2 🖾 F Yrs. 579-14-0202 Director 76 Maryland Usual Rasidance of Decedent the Maryland 10c. City, Town or Location 10a Stata 10h Count 10d. Inside City Limits tem 27 la marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examinar mass be notified at Yea 2□No Director Maryland Montgomery Rockville 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? with 199 Rollins Avenue #504 20852 United States Funeral deeth 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Datas: t3. Wes Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. 11 Meritel Stetus Bleck, White, atc. permit. Feges 1 and 2 should be filed within 72 hours after to Department of Heelth end Mental Hygiene. Important: If them 27 is merked other than "natural", or the any injury or other traumatic event, the Medical Examina-1 Never Merried 2 Married F Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify à 3 XWidowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Montgomery County Elemantery/Secondary (0-12) Collega (1-4or 5+) Public Schools 12 Teachers Aide 17. Fethar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Hugh Marcellus Mattie Hall 0 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Dorothy L. MacDougal/Daughter 3337 East Fairfield Street, Mesa, Arizona 85213 20b. Place of Disposition (Nema of cemetery, crematory or other place) September 3, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cramation 3 ☐ Removel from Stata Fort Lincoln Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) Brentwood, Maryland Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850—2805 21. Signature of Funeral Service License M00846 called the course tha death. Do not antar the mode of dying, such as cardlec or respiratory errest, a cause of each line. Approximata Intarvai Between Onsat end Death **Physician** /Medical Immediata Causa (Final LYMPHOMA 1 MONTH disease or condition rasulting in death) Examiner Dua to (or as a consequence of) Examiner **burial-transit** Sequentially list conditions, if any, laading to immadiata ceuse. Enter Undarfying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of): and nding physician Records. P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): atten ŏ signed by the at d be deteched for Part It. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 ☐ Probably 4 ☐ Unknown 1 Yes 2 No þ 24b. Wara autopsy findings available prior to Completed 24a. Was an eutopsy performed? completion of cause of death? has certificate 2 K No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was cesa rafarred to medical examinar? Be 28. Place of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 t ☐ Yas 2 No 1 inpatiant 2 ER/Outpatient 3 DOA this 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? To the Hospital or Attending Pi within 24 hours effer death. To the Funeral Director: After it completely filled in by the funera Certification: After 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No 2 Accidant invastigation 6 Could not be determined 3 Sulcida 28a. Place of Injury - At home, ferm, atreat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 T Homicide edicai 29a. Cartifier 15 Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as atated. 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and #8 10 30. Name and address of person who completed called death (I 23a) (Type, Print) 2304 SHOREFIELD ROAD 32. Registrar's Signature 31. Date filed (Month, Day, Year) State

**DHMH 16 Rev 6/95** 

Registrar

SEP 0 4 1996

State of Maryland / Department of Health and Mental Hygiene

27864

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** August 27,1996 William 8:40P. Edward Mock /Medical 4e. Facility Nema (If not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 10286 Raleigh Tavern Lane Ellicott City Howard 7. Age (In yrs. last birthdey)
77 Yrs.

North Days Hours Min.

North Carolina 5. Social Security Number 6. Sex. ADM 2□F Birthplace (Stete or Foreign Country) **Funeral** 579-01-1045 **Director** Usuel Residence of Decedant death with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f ahor the Medical Examiner must be notified at North Carolina New Hanover Wilmington 1 ☐ Yas 2 ☐ No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 613 Capeside Drive 28412 United States Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican indien, Bieck, Whita, etc. filed within 72 hours after 1 Never Married Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2XXNo Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent'e Education 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na any Injury or other traumatic avant, fire Mouts. (Specify only highast grade completed) J.L. Clark Elementery/Secondery (0-12) College (1-4or 5+) Production Control Manager Manufacturing Co. 12 17. Fathar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Surname) Thomas V. Mock, Sr. Wilson Henrietta E. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mock (wife) same as #10 L. 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta XXBurial 2 Cremation 3 Removel from Stete Fort Lincoln Cemetery 8/30/1996 4 ☐ Donetion 5 ☐ Other (Specify) Brentwood, Maryland 21. Signature of Funeral S 22. Nama and Addrass of Facility
Donald V. Borgwardt Funeral Home, P.A.
4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part . Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, ehock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset end Deeth **Physician** immediete Ceuse (Finei disaese or condition resulting in deeth) /Medical Colon Cancer to the Liver 8 mouths Examiner Due to (or es a consequence of) Examiner physician and the burlal-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, laeding to immediate causa. Enter Underlying Cause (Diseasa or Injury thet initiated evants resulting in death) Last Due to (or es a consequance of): Division of Vital Records. P.O. Box 68760 Physician/Medical Dua to (or es e consequance of) USB 85 attending 10 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? the detached been signed by should be detact 1 Yes 2 No 3 Probably 4 Unknown

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

24a. Wes an autopsy performed? 1 Yes 2 No 24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yas 2 ☐ No

25. Was case referred to medical examiner? 1 ☐ Yes 2 No 27. Mennar of Death Neturel 2 Accident

1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Day Year) 28b. Time of

26. Plece of Deeth (Check only one) 28c. injury at Work?

1 ☐ Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29e. Certiflar (Check only one)

3 Sulcide

4 ☐ Homicide

b

Completed

Be

2

Certification:

edicai

certificate has page 2

After this

24 hours after death. Funeral Director: Af

To the Hosp within 24 hor To the Fune completely fi

funeral director,

filled in by

Attanding Physician:

6 Hospital

📈 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, and dua to the causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and titla of cartifier MD 196

5 Pending

investigetion 6 Could not be determined

> 29c. Licensa number D 38509

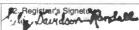
29d. Dete signed (Month, Dey, Year) August 29, 1996

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Nicholas Koutrelakos, M.D. 11065 Little Patuxent Pkwy., Columbia, Maryland 21044 31. Dete filed (Month, Day, Year)

Registrar

SEP 0 4 1996



28e. Plece of Injury - At home, ferm, streat, fectory, offica building, etc. (Specify)

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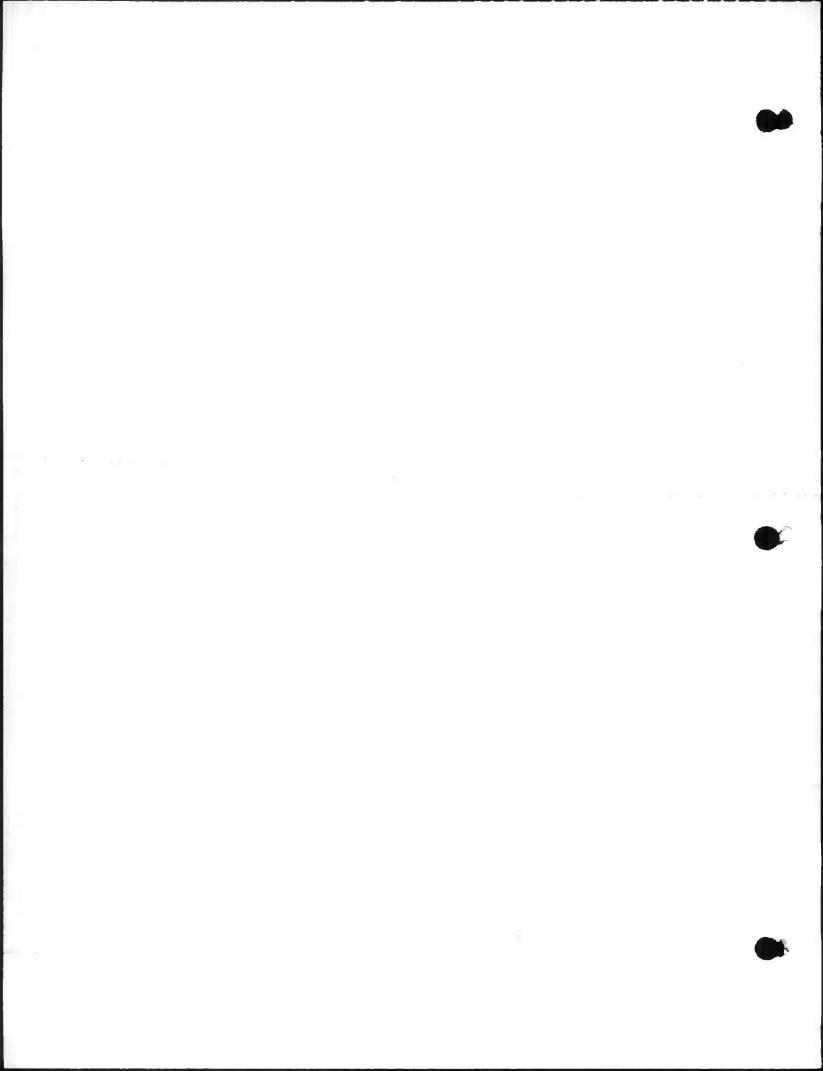
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flowing the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA	MENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			7.1.2 0.1	<u> </u>	2. DATE OF DEATN		3. TIME OF DEATN							
	EVE	MARMEL	STEIN.			AUGUST 29		9.10 A m							
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		IPLACE (State or Foreign							
	283-09-1957 9a. FACILITY NAME (If not institution, give s		33 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10/2/1912	Sc. COUNTY OF D	New York							
DIRECTOR	Hebrew Home of G	76		Rocky	ATH.	gomery									
EC	10a, STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY							
DIA	Md. Mon	itgomery	Rock	ville				LIMITS?							
	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	A							
ER/	6121 Montrose Rd.				20852		US								
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC		IC ORIGIN? (Specify Year		E — American Indian.							
	1 Never Married 2 Married	FORCES? 1 YES		If yes, spe	city Cuban, Maxican 25 NO Specify:	, Puarto Rican, etc.)	Blac	k, White, atc.							
В	3 Widowed 4 Divorced			1	ZYCI NO specify		Spec	"White							
입	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S US	UAL OCCUPATIO	N of af working	16b, KIND OF BUSI	NESS/INDUSTRY								
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use re	etired.)	at or working										
MP	12		Book	keeper		I	Electric	al Contractor							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	ME (First, Middle, Maiden S	urname)								
BE		melstein			Mary	Gottlieb									
0	19a. INFORMANT'S NAME (Type/Print)		1			oute Number, City or Town,									
	Charles Marmelst	ein	12701 N	orth Co	ommons Wa	y Potomac,	Md. 20	854							
	20a. METHOD OF DISPOSITION  19 Burlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata 20t	netery, crematory or other		me of	DATE 20c. LOC	ATION — City or To	wn, Stata							
		LK-			1 Carder	s 8/3h Fa	11s Chu	rch. Va.							
	King David Memorial Gardens 8/30 Falls Church 22. NAME AND ADDRESS OF FACILITY  February County (Specific County)														
	Edward Sagel Funeral Direction 1091 Rockville Pike Rockville, Md. 208														
	23. PART i. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart feliure. List only one ceuse on each line.														
	IMMEDIATE CAUSE (Finel														
1	disease or condition														
ı	resulting in death)	DUE TO (OR AS		(0)	YEARS										
2			·												
흔	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.						1							
E	that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):												
	resulting in death) LAST	d	* — - — — — — — — — — — — — — — — — — —		that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	d														
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AN: MEDICAL	DID TOBACCO USE CONTR		OF DEATH YES	□ NO ☑		t TYES 2	IED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
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7.30 PH

REG. NO

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TAI OR ATTENDING DAYSICIAN. The law requires that the death cartificate he executed with the hours
	SO
	M

MARDER YEAR IRVING AUGUST 29 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign (Month, Day, Your, JULY 20, 1 M 2 - F 082-03-2536 86 YRS. 1910 NEW YORK 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HEBREW HOME OF GREATER WASHINGTON Pages 1, 2, 3 ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY ROCKVILLE 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 MONTROSE ROAD 20852 use as the burial-transit UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced Specify: WHITE ETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16e. DECEDENT'S USUAL, OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) CERTIFIED PUBLIC ACCOUNTANT COMPL ACCOUNTING once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES MARDER 76 PAULINE MENKES BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 KAREN GRAY 11580 WOODHOLLOW COURT - RESTON, VIRGINIA 22091 (DAUGHTER) å 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must MT. COMFORT 8/31 ALEXANDRIA, VIRGINIA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. MO8456 the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition OBSTRUCTIVE UPOPATHY - RENAL FAILURE DAYS resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PROSTATIC HYPERTROPHY BENIGN WEEKS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? n signed by the Health and M shows any 1 YES 2 NO OF DEATN? 1 YES 2 NO t, of t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) certificate I HOSPITAL OTHER:
4 19 Nursing Home 5 - Residence 8 - Other (Specify) 1 YES 2 WHO Inpatient 2 ER/Outpetient 3 DOA 9 27. MANNER OF DEATH this ce with th 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF marked, 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 M 1 YES 2 NO After t BY 2 Accident 3 Sulcide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: ) 4 Homicide COMPLET 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, desth occurred st the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 1. Lalwar, MD. ► AUGUST 30 1996 D 36552

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MONTROSE

32. DEGISTRAR'S SIGNATURE Fichia Davidson-Randelle

ROAD

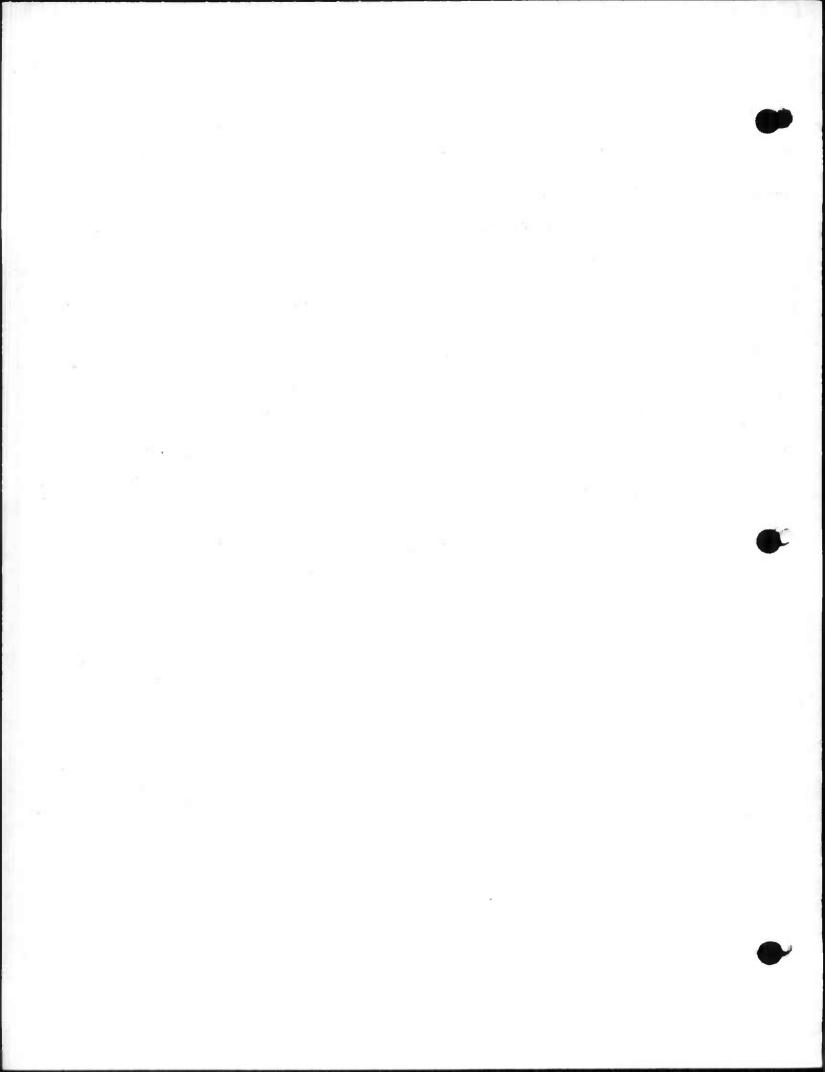
ROCKVILLE

P. TALWAR, 6121

SEP 0 3 1996

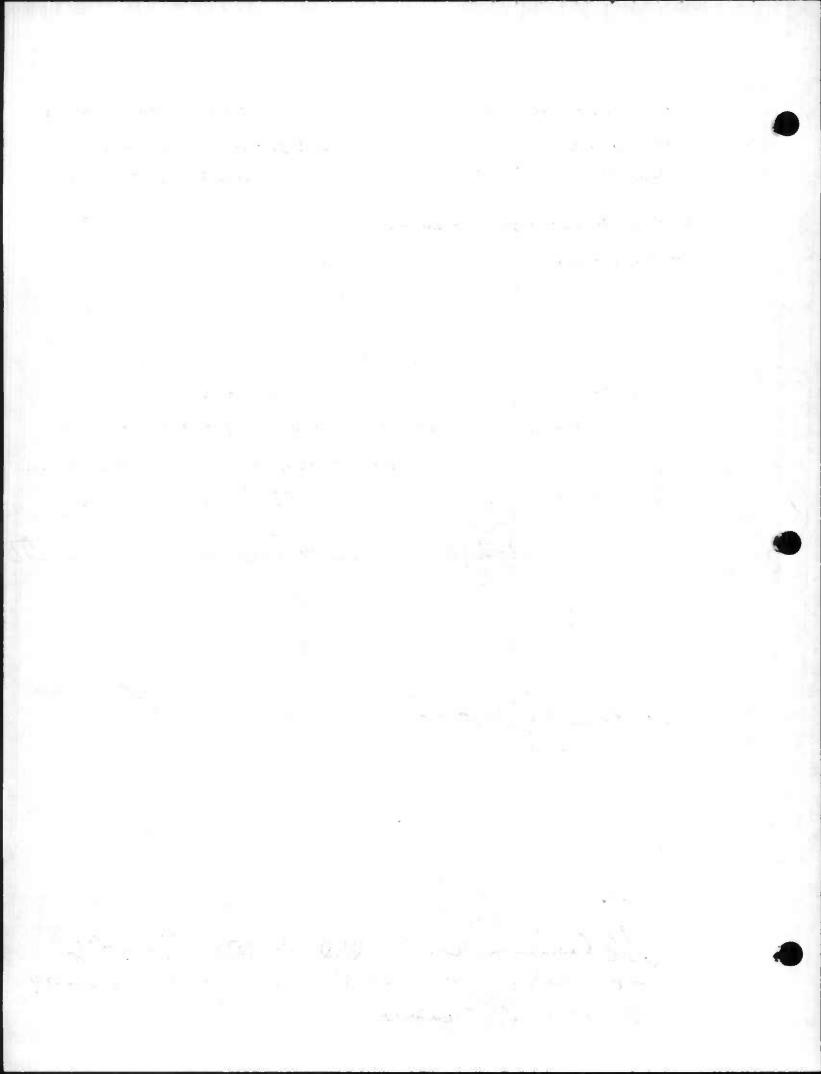
31. DATE FILED (Month, Day, Year)

MD. 20852



State of Maryland / Department of Health and Mental Hygiene

					Otato of Wi	arylaria /	Certifica		Death		Reg. No.	D	21861.
	1000		1. Decedent's Name (Fil	irst, Middle, Last)						2. Date of De	ath		3. Time of Death
	Physic /Medi		SALLY Y.	MCKEEVE	R					Month AUGUST	30. 199	Year 6	5:00 PM
	Exami		4a. Facility Name (If not						4b. City, Town, or			_	3.00 In
			3530 Mar1b	rough Wa	ay				College F	ark	Prince	Geo	raee
Г	Funeral	Г	5. Social Security Numb		7. Ag	e (In yrs. last b	irthday) If Und	er 1 Year	College F	8. Date of Bird (Month, Da	th Veer)	9. Births	place (State or Foreign
3	Director		578-54-227	6	1	03	Yrs.			Aug. 17		Virg	
	and		Usual Residence of Dec	cedent c. County		10c City Toy	vn or Location						
	faryla Pho	ö		•								'	0d. Inside City Limits 1√D Yes 2 □ No
	the A	Director	Maryland P	rince Ge	eorges	Colle	ge Park	ip Code			10g. Citizen of W	Dana Cause	21
	ter death with the Marylan Items 23a or 28s4 show Inst. rwat be notified at						101. 2.	ip code			rog. Citizeri di W	nat Coun	dry r
	leath m 23	Funeral	3530 Mar1br		7 12. Was Decedent	Ever in U.S.	13 Was Dec	2 edent of	0740 Hispanic Origin? (S	necify Yes or No	U.S.A	- Americ	ean Indian,
0	r Her	F	1 Never Married		Armed Forces? 1 ☐ Yes 2 🔀 1				Hispanic Origin? (S ben, Mexican, Puerl	o Rican, etc.)	Black	k, White,	
070	urs a	by	3 2 Widowed 4 □	Divorced	If Yes, Give Year or Dates:		1 🗆 Yes	2 🔯 No	Specify:		Specify:	Whi	( to
21215-0020	be filed within 72 hours after death with the Maryland nat Hygiene. d other than "natural", or flems 23a or 28a-f show event, the Modical Examinar must be notified at	Completed	15.	Decedent's Educ	ation	168	. Decedent's Us	uei Occu	pation		16b. Kind of Bu		
21	within 7 iene.	pie	Elementary/Seconder	nly highest grade	Completed) College (1-4or 5	5+)	life. DO NOT	ork done use retin	during most of wor	rking			
21	Hygien ther th	Con	12				Homemak	er	_		Own Ho	me	
pu	be filed trai Hygi d other event, p	Be	17. Fether's Neme (First	t, Middle, Last)					18. Mother's Nar	ne (First, Middle,	Maiden Sumame	э)	
yla	should b nd Menta merkad	2	Frank L. Y	oung					Margar	et Seal	11-35		
Maryland	2 shd and Is m		19a, Informant's Name/i		,	. 19	b. Mailing Addres	ss (Stree	et and Number or Ru	iral Route Numbe	er, City or Town,	State, Zip	Code)
	ges 1 and 2 should it of Haalth and Men if Item 27 is marks or other traumatic		Margaret P		ıg	35	30 Mar11	orou	gh Way Co	llege Pa	ark, Mary	land.	20740
0	Pages 1 a nent of Haz int: If Item iry or othe		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cre		emoval from State	20b. Place o	of Disposition (Na ory, crematory or	other pla	ace)	Date	20c. Location - (	City or To	wn, State
ţ	× = 0 0		4 Donation 5			Gate	of Heave	en C	emetery	9/4/96	Silver S	prin	g, Maryland
Baltimore,	permit. Page Department of Important: If any Injury or ance.		21. Signature of Funeral	I Service License	0		Francis	nd Addr	ess of Fecility Collins	Funeral	Home T	20	
	002 # Q		Chimes	554	boles		500 Un:	iver	sity Blvd	W. Sil	Spr. M.		and 20901
			23a. Part1. Enter the dis shock, or heart fell	sease, or complic ure. List only on	etions thet caused e cause on each in	the death. Do	not enter the mo	de of dy	ing, such as cardiac	or respiretory as	rest,	1	Approximete intervat Between
h	Physician						•		0				Onset and Deeth
7"	/Medical Examiner		Immediate Cause (Finat disease or condition resulting in death)	t e	Con	985	TIVE	he	I ta	le			1-2 mil
U.			resulting in deality			Due to (or es a	consequence of	):					
	pet nsit	edicai Examiner		_ b								1	
	tificata be axecuted g physician and as the burial-transit	xar	Sequentially list condition if eny, teading to immed cause. Enter Underlying Cause (Disease or injury)	ons, liete		Due to (or as a	consequence of	):					
68760,	sicial buri	Caj	Cause (Disease or injury that Initiated events	с.		D							
68	tificati g phy as th	edi	resulting to death) Last			Due to (or es a	consequence of)	1.					
Вох		2		d.								-	
0	The law requires that the death cer ate has been signed by the attendin page 2 should be detached for use	Physician/M	Part II. Other significant	conditions conf	ributing to death bu	ut not resulting	n the underlying	CALISA D	iven in Pert I	23h Did i	obacco use con	restante re	the cause of death?
P.O.	t the by th tache	hy		_	000	) 4		g		10	1		bebly 4 Unknown
S,	gned oe de	by F	Luce		40	0							
ord	v require been si should I				0						en eutopsy rmed?	24b. We	ere autopsy findings allable prior to
ည္က	sw requisite should	plet								perio	illeor	COL	mpletion of cause death?
œ	The la	Completed								101	es 2000	10	Yes 2 No
Vital Records,	an: tiffica tor, p	Be C	25. Was case referred	medicai					26. Place of Dee	th (Check only o			
	Physician: rthis certific ral director,	To	examiner? 1 ☐ Yes	He	ospital:	nt 2 ER/O	utpatient 3 D	OA OI	har:	1	lence 8 □Othe	r (Specifi	()
0	g Ph		27. Menner of beath	70	28e. Dete of Injur (Month, Day		Time of Injury	28c. Inju			now injury occurre		
Ö	Attending or death. ector: After by the fune	atio	2 Accident	Pending investigation	(Monin, Da)	/ roar/	M		Yes 2 No				
Division of	or Attend after death Director: /	Certification:	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Could not be determined	28e. Place of Inju- building, etc	ury - At home, fa	arm, street, facto	ry, office		28f. Location (S City or Tow	Street and Numbern, Stete)	or Rura	Route Number,
莅	rs aft	Cer			osnaling, oto	. (Opouly)					, 0.0.0)		
	tospi thon tuner aly fil	edicai	29a. Certifier (Check only 2	Certifying Physi	cian: To the best of	of my knowledge	e, death occurred	et the ti	ime, date and place opinion, deeth occu	, end due to the	ceuse(s) and man	ner as st	ated.
	To the Hospital or Attanding Physician: The law within 24 burus after death.  To the Funeral Director-After this certificate has completely filled in by the funeral director, page 2	Med	One)		and manner ste	ted.							
	5 1 × 1 × 1		29b. Signature aportitte o	of certifier			29	c. Licen	se number		29d. Date signed	(Month, I	Day, Year)
Y			26	مسار	has	W	^^	W.	n. No	1232	4-	3-	25
	10		30. Neme and address of	f person who con	pieted cause of de	eath (Item 23a)	1 /	NI	0. 11		110	6-	ws 2089
			G-B	0	nn uv	us	119111	11	xu Ira	ma A	VC -	72	W Lorg
	Sta Registr		31. Dete filed (Month, Da			r's Signature	n e ee			'U'			
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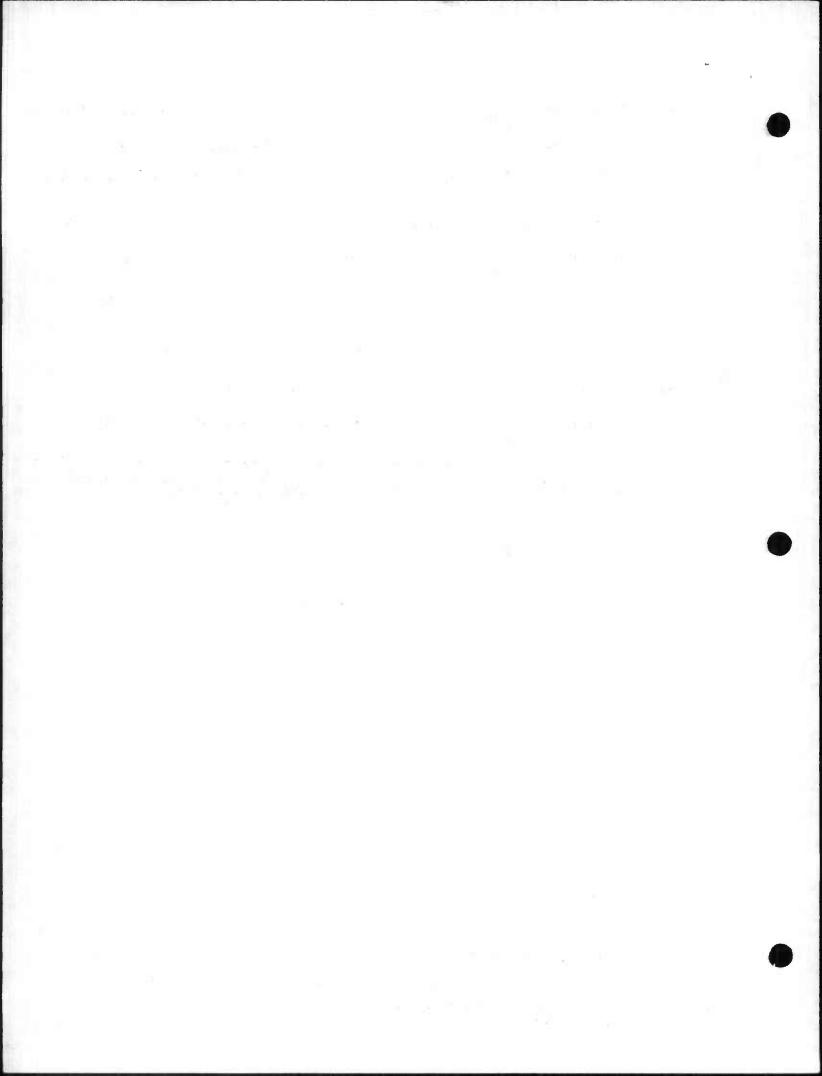
						Certi	ficate	of	Death			Reg. No.			
	Physic		Decedent's Neme (First, Middle, Last,     RICHARD		R.						2. Dete of De AUG • 27	eth	Yeer	3. Time of Deeth 5:30 am	
	/Medi Examii		4e. Fecility Neme (If not institution, give 3624 DORSHIRE COL						4b. City, To		ocation of Deeth		nty of Deat E ARUI		
	Funerai Director		5. Sociel Security Number 6. Se 218-36-8056	x 7. Age 7. Age 5	(In yrs. lest birt		If Under 1 Months E	Yeer Deys		24 Hrs. Min.	8. Dete of Bir (Month, Da AUG • 22	1942	9. Birti MA	hplace (State or Foreign	
	e Maryland la-f ehow othed at	ctor	10e. Stete 10b. County MARYLAND ANNE AR			, Town or Location SADENA						10d. Inside City Limi XIXYes 2 \( \sigma \)			
_	be filed within 72 hours after death with the Maryland nat Hyglene. d other than "natural", or flems 23a or 28a-f show event, the Modifical Exercines must be notified at	Funeral Director	10e. Street end Number  3624 DORSHIRE COU!  11. Merital Stetus  1 □ Never Merried 2 □ Merried	RT  12. Wes Decedent Ev Armed Forces? 1 □ Yes 2 □ No	er in U,S.	13. We	2112 s Decedentes, specify	22 It of I	Hispenic Original	gin? (Sp	pecify Yes or No		US	rican tndian,	
-0020	2 hours a stural", or	by	3 ☐ Widowed 4 💆 Divorced	If Yes, Give Yeer or Detes:		Deceden	Yes 2	Occu	pation			Spe 16b. Kind o	y.	BLACK	
21215-0020	d within 7 giene. or than "n	Completed	(Specify only highest grad Elementery/Secondery (0-12) 9th	College (1-4or 5+)	Н	(Give kind of work done during most of working life. DO NOT use retired)  HEAVY EQUIPMENT OPERATOR DAVID TAYLOR					R RESEARCH				
Maryland	S a b >	To Be	17. Father's Neme (First, Middle, Last) RICHARD NAYLOR	SR.							e (First, Middle, FILGHMAN		name)		
	nd 2 i		19e, Informant's Neme/Reletionship (Ty PHYLISS A. QUARRELS		) 362	24 DC	RSHI	RE			SADENA,	MD. 2	1122		
Itimore,	permit. Pages 1 a Department of Her Important: if item any Injury or othe		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		20b. Pleca of cemeter HILL (	y, cremet CREST	CEM	ET!	ERY		3/96	ANNAPO			
Ba	Departiment Important		21. Signeture of Funerel Service Licans	Peese		WM.	REES WES	SE r	ST. AN	S MO	ORTUARY	2140	01		
	Physiclan /Medical Examiner	er	23a. Part1. Enter the disease, or complished, or heart failure. List only or Immediate Cause (Final disease or condition resulting in death)	. Mut		ui	Pena	_			en C		         	Approximete Interval Between Onset and Death	
x 68760,	setificate be executed ding physician and se as the bunal-transit	/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	o	ue to (or es e c			-11-11							
O. Bo	that the death certified by the attending detached for use a	Physician/	Pert II. Other eignificant conditions cor	ntributing to death but	not resulting in	the unde	erlying caus	se gi	iven in Pert I.		23b. Did	tobacco uea	contribute	to the cause of death?	
ds, P.O	ires that the signed by d be detact	by										Yee 2□N		obably 4 Unknow  Were autopsy findings	
Records,	v reques	Completed									perfo	en autopsy rmed?		available prior to completion of cause of deeth?	
Vita		Be Co	25. Wes case referred to medical						26. Plece	of Deet	th (Check only o			Yes 2□ No	
Division of V	등 등 등	2	examiner?  1 Yes 2 No F  27 Menper of Death Netural 5 Pending Investigation	1 Inpatient 28a. Dete of Injury (Month, Dey )	28b. T	Ipetient Ime of njury	3 DOA 28c.	Inju Wo	her: 4 Nu lry et ork? ] Yes 2 1	rsing Ho	28d. Describe	denca 6 🗆 o	1.1.1	oify)	
Divis	s after death. It of a black of the fune fune fune fune fune fune fune fun	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc.	- At home, fer (Specify)	rm, street	, factory, o	ffice			28f. Location (: City or Ton		mber or Ru	ral Roufe Number,	
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	To t To t	Σ	29b. Signeture end title of certifier	~ )~	•		29c. L	Icen 3	se number	}		29d. Dete sig	29/S	h, Day, Year)	
			30. Neme and eddress of person who co	~ MD ,2	003 1	Type, Pri	nty 1 Cel		Polin	ry	Suite	100	ANN	foull M	
	Sta Registr		31. Dete filed (Month, Dey, Year) SEP 0 3 199		Signeture	- Aand	200			*				21-701	

Registrar

State of Maryland / Department of Health and Mental Hygiene amended \$23 b and c per M.D. 9/3/96. **Gertificate of Death** 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Floda G. Nichols 1996 August 10:45 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Holy Cross Hospital Silver Spring

If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Montgomery 5. Sociel Security Number If Under 1 Year 9. Birthpleca (State or Foreign Country) 1916 West Virginia 7. Age (In yrs. lest birthdey) **Funeral** Deys Year Months 1□M 2X F Yrs 218-54-5540 31, Director Oct. 79 Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hyglene. Important: If term 27 is marked other than "netural", or items 23s or 28s-4 show any injury or other traumatic event, Tre Medical Exertmet mail the notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 No Yes 2 No Directo Anne Arundel Maryland Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 15 Welchs Court 20724 IISA Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? 11. Merital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Tes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: þ Specify: White 3 X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 8 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Kessler Green 2 Minnie Barker 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 15 Welchs Court, Laurel, Maryland 20724 Eugenia White 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ABurlel 2 □ Cremetion 3 □ Removel from State Parklawn Memorial 8/19/96 4 ☐ Donetion 5 ☐ Other (Specify) Rockville, Maryland 22. Name end Address of FecilityFrancis J. Collins Funeral 21. Signeture of Funerel Service Liberate Home, Inc. 500 University Blvd. West (wu 20901 Silver Spring, MD 23e. Pert 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician tmmediete Ceuse (Finel diseese or condition resulting in death) /Medical Resp. retury Failur months Examiner Examiner Chronic obstructive pulmonary disease The lew requires that the death certificete be executed physician and the burief-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Pneumonia Physician/Medicai Due to (or es e consequence of): 88 Ö Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by the 1 Yee 2 No 3 Probably 4 Hinknown Oc- 1-tia þ 24b. Were autopsy findings evallable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy peen s performed? ate has t 1 Yes 2 No certificate 1 □ Yes 2 □ No or Attending Physician: Be 25. Wes case referred to medical exeminer? director 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Impatient 2 ER/Outpetlent 3 DOA this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After 5 Pending investigation n 24 hours after death.

Ne Funeral Director: A pletely filled in by the ft. death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and manner as steted. Medical (Check only one) pletely 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. To the Within 2 To the 29b. Signeture end the of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 8/16/96 024571 un D 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Georgie Auc Weiner wheeton, md WP 11501 32. Registrer's Signature 31. Dete filed (Month, Dey, Year) State SEP 0 4 1996 Registrar



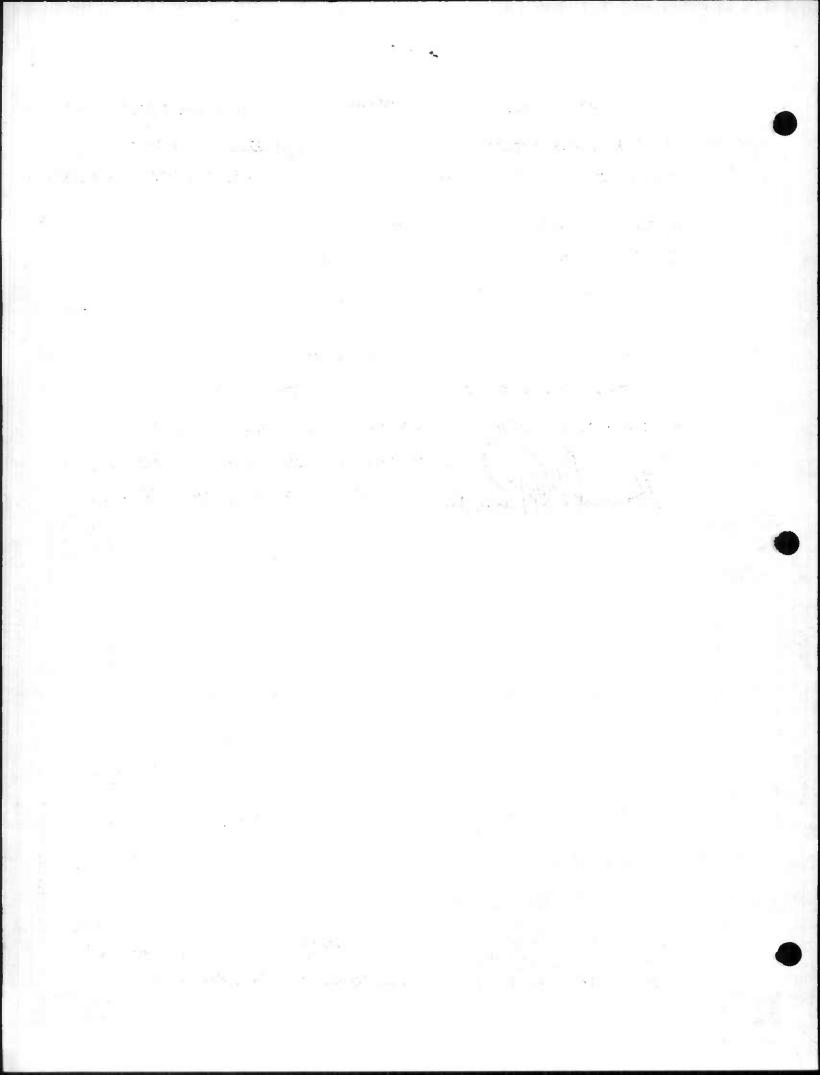
				f Maryiai			of Health and of Death	Mental H	ygiene ( Reg. No.	36 2	27870
Physicia	ın	Decedant's Nama (First, Middla,		_				2. Data of I Month	Death Day	Yaar	3. Tima of Death
/Medic Examine		RUTH AI 4a. Facility Nama (If not institution,					4b. City, Town, o	Sept.		996	7:15 PM
Funeral	er	2408 Old Mount 5. Social Security Number 6	ain Rd.			(y) If Undar 1	Joppa	S. 8 Data of 6	На	arford	e (Stata or Fora
Director		401-20-6143	1□M 2ÅF	74	74 Yrs.		Days Hours Mil	Sept.		2 Kent	ucky
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ith with the 23a or 284	i Director	10e. Straat and Number 2408 Old Mo	untain R	oad Cer	ntral	10f. Zip C	oda 21085		10g. Citizan of	n of What Country?	
me 23e	Funerai	11. Maritai Status		edant Evar in U		3. Was Decedar	nt of Hispanic Origin? ( Cuban, Maxican, Pua	Specify Yas or I	No- 14. Rad	USA ce - Amarican	Indian.
urs a	þ	1 ☐ Navar Marriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Fo 1 ☐ Yas If Yas, Giv Yaar or D	2 <b>∑</b> No ⁄a		If Yas, specify  1 □ Yas 28		rto Rican, atc.)		ck, Whita, atc y: White	
72 hours natural', dical Exu	Completed	15. Decedant's (Specify only highast			16a. De	cedent's Usuai (	Occupation dona during most of w	orkina	16b. Kind of B	usinass/Indus	itry
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al Hygie other t	ပိ	17. Fathar's Nama (First, Middle, La		4	PIE	sident/	Operator	ama (First Mido	Grocer lla, Maidan Suman	4	
d be ental	o Be	Robert Ste		uson				irginia		110)	
2 she and and is mu	2	19a. Informant's Name/Ralationship Wayne K. Owens,	(Type, Print)				Street and Number or F	Rural Routa Num	nber, City or Town,		
1 and 2 Health am 27 i			SOII	lan.			Drive, Fa				
8 - 1 5 8 - 1 5		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe		Siala	cematary, c irkwoo	position (Nama ramatory or other d Cemet	ery	Data 9/7/96		more, l	Marylan
parmit. Pe Departmer important any injury once.	21. Signature of Funarai Sarvice Licensaa  22. Name and Address of Facility HOWard K. McComas III Funeral Home, 1317 Cokesbury Road, Abingdon, Mary										
Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in daath)	a. CART	Dua to (	or as a cons	sequence of):	CARCIA	tollia		0	pproximata tarval Batween nsat and Death
cate be executed physician and the buriel-transit	Exar	Sequantially llst conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disaase or Injury that initiated avants	Dua to (or as a consequance of):  UTENINE CAREINOUS  C.								
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e law requires hes been sign je 2 should be	Completed				24a. Wa	as an autopsy rformed?	avalla	autopsy finding bla prior to letion of causa ath?			
the le								10	Yas 20 No	1 🗆 Y	as 2 No
Physicien: The this certificate ral director, pag	e n	25. Was casa rafarred to medical axaminar?	Hospital:					eath (Check on)	y ona)		
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ding h. After fune	5 5	1-Natural 5 Pending 2 Accident invastigat	(Mont	h, Day Year)	lnjury	/ M	. Injury at Work? 1 ☐ Yas 2 ☐ No	280. Daacrio	e how Injury occur	red	
To the Hospital or Attending Phinitin 24 hours after deeth. To the Funeral Director: After this completely filled in by the funeral	Certification:	3 Sulcida 6 Could not	be 28a. Place	of Injury - At h	oma, farm,	street, factory, o		28f. Location City or 7	(Street and Numb own, Stata)	ber or Rural R	outa Number,
To the Hospital or A within 24 hours after To the Funeral Dire- completely filled in b	edical	29a. Certifiar (Check only one) 1 Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying in Certifying	amine/:/On the ba	best of my kno isis of examina har slated.	owledga, da ation and/or	ath occurred at Invastigation, In	tha tima, data and plac my opinion, daath occ	e, and dua to the	a causa(s) and ma a, data and place,	annar as state and dua to th	ed. a causa(s)
To the vithin: To the comple	Me	29b. Signatura and trie of continer	lan	~		29c. L	icansa number		29d. Data signe	ed (Month, Da	
		30. Nama and address of person wr		-	952 PIT	ASKI HWY	A.C.S.,P.A.		0 3	16	
State Registra	1	31. Data filed (Month, Day, Year) SEP = 6, 19	96	polary's Spir	GEWOO	DD, MD-210- 14	10				
MH 16 Rev 6/95		A A = 11	0		(410)	676-2600 679-5800					

185. jei

State of Marylana / Department of Health and Mental Hygiene

27971

					Certin	ficate of	Death		Reg. No.		21011
Physiciar	_	1. Decedent's Name (First, Middla, La	st)		0.			2. Date of De Month		Year	3. Time of Death
/Medica		Emma	Trecia		0'	NEAL		Septem	ber 2,19	996	3:15 P
Examine	- 1	4a. Facility Name (If not institution, give	re street and numbe	er)			4b. City, Town, or	Location of Daat	h 4c. County	of Death	
		Franklin Square	Hospital			4	Rossv	i11e	Balti	more	
Funeral		5. Social Security Number 6. S	Sex 7. /	Aga (In yrs. last		f Undar 1 Yaa Ionths Days	r if Under 24 Hrs	8. Date of Bi	rth Voor	9. Births	place (Stata or Foreigntry)
Director		185-26-4989 Usual Residenca of Decadent	I□M 2/20F	63	Yrs.	onins Day:	s Hours Mill.	Aug. 1		Pe	nnsylvani
ylen Mow		10a. Stata 10b. County		10c. City, To	wn or Locati	ion				1	IOd. inside City Limit
naturel, or items 23s or 28s-f show	Director	Maryland Har	ford		Joppa	10/ 7:- 0-1-					1 ☐ Yes 2 ☑ N
0.8						10f. Zip Code			10g. Citizen of		ntry?
23	a l	3317 Clayton Rd.					1085		USZ		
herm	Funeral	11. Marital Status	12. Was Decader Armed Force	s?	13. Was	s Decedent of as, specify Cul	Hispanic Origin? (S ban, Mexican, Puer	specify Yas or No to Rican, atc.)	o- 14. Rad Blad	ca - Amaric ck, White,	can Indian, etc.
Example 1		1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ if Yes, Give Year or Dates	_	10	Yes 2⊠No	Specify:		Specify		White
Hygiene. ther than "naturel", c	Completed by	15. Decadent's En (Specify only highast gra	ducation ade completed)	16	(Give kind	t's Usual Occu d of work done NOT use retire	e during most of wo	rking	16b. Kind of B	usiness/in	dustry
than the		Elementary/Secondary (0-12)	College (1-4o	r 5+)					Clothin	~ 1/0	f. at
Mental Hygiene. arked other than atic event, the M		17. Father's Name (First, Middle, Last,	1			Seamstr			-		nufacturi
d other	n n						18. Mothars Nar	ma (First, Middle	, Maidan Suman	,	
th end Menta	2		opengardn	er			Grace	(u/k)	Wigfie	ld	
6 0 2		19a. Informant's Name/Relationship (	Type, Print)	11	9b. Malling A	ddress (Stree	et and Number or Ru	ural Route Numb	er, City or Town,	Stete, Zip	Code)
Health em 27 I		Karal L. O'Neal	- Husband		3317 C	layton	Rd., Jor	opa, Md.	21085		
of to		20a. Method of Disposition		20b. Place	of Dispositio	on (Neme of ory or other pla	-	Date	20c. Location -	City or To	own, State
Department of Health Important: If Item 27 any Injury or other to 2000.		1 Buriat 2 □ Cremation 3 □ 4 □ Donation 5 □ Other Specif		0		,	Gardens	9-5-96	Bel Air	r Ma	ryland
inju	-	21. Signature of Funaral Sarvice Liter	fresh n - /				ress of Facility	3 3 30	201 111	- / 134	- y - cara
any ir		1/2 //		11			McComas	III Fun	eral Hor	ne. P	.A.
	4	1 ovare	Wyare	سللر	131	7 Coke	shiry Rd.	Ahing	Md. Mob	210	09
		23e. Part 1. Enter the disease or com shock, or heart failure. List only	plications that caus ona cause on each	ed the deeth. D line.	o not enter th	na mode of dy	ing, such as cardia	c or respiretory e	errest,		Approximate Interval Between
ysician		ATTENDED TO STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF									Onsat and Death
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		resulting in death)		Due to (or as	a consequan	nce of):					
# E	E E		Lymphom	a							8 Years
physician end s the buriel-transit		Sequentially list conditions, if any, leading to immadiate	D	Due to (or as	a consequen	nce of):					
		If any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury									
ng physicians the bu	20	that initiated events	C	Due to (or as	consequen	ca of):					
ng ph ses th	3	resulting in death) Last				.,.					
use use			d								
d by the ettendii	5	Don't Other Jee Williams									
chec	2	Part II. Other significant conditions of	ontributing to death	but not resulting	In the under	flying cause g	iven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of deati
deteched for use		Coronary Artery	Disease					10	Yes 20 No	3 Prol	bably 4 Unkno
0.0	2										
page 2 should	2	Acute Renal Fai	lure Se	psis				24a. Wes	en autopsy ormed?	av	are autopsy findings allable prior to
es b	5									of	mpletion of cause death?
page Com	5							10	Yes 2X No	10	Yes 2 No
certificate rector, pag		25. Was case referred to medical					26. Place of Dec	ath (Check only )	one)		
olis certifical director,	5	examiner? 1 ☐ Yas 2⊠ No	Hospital:	tient 2 TER/C	Outpatient 3	3 DOA	har		dence 6 Oth	er /Specifi	v)
		27. Mannar of Death	28a. Date of In (Month, D		. Time of			1	how injury occur		V)
of in by the funeral Certification:	2	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident invastigation		ay Year)	injury	28c. Inju Wo	ork? ]Yes 2□No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Director: J in by the	2	3 ☐ Suicide 6 ☐ Could not be		alicas Athama				OOL Leasting (	Current and M		10
in the		4 Homicida determined	building, e	njury - At home, etc. (Specify)	iaiiii, Sileai,	ractory, office		City or To	Street and Numb wn, Stata)	er or mura	ii Houta Number,
To the Funeral Director. After the completely filled in by the funeral Medical Certification:	2	29a, Certifier  (Check only one)  1 Certifying Physical Example (Check only one)	inar: On the basis	of exa <i>m</i> ination a	ge, death occ and/or investi	curred at the ti igation, In my	ime, date and plece opinion, death occu	, and due to the rred at the time,	cause(s) and ma date and pleca,	inner as si and due to	tated. tha cause(s)
Me Me	-	29b. Signature and title of certifier	and manner s	ialeu.		200 Lines	se number		20d Data alar	d Marsh	One Veed
F 8		250. Signature and time of defining	110						29d. Data signe	a (Month,	Day, Year)
		10allto de de	Jun			D.	50692		Septemb	er 2	,1996
		30. Neme end address of person who o									
		Barbara Leight	on MD.	9000 Fra	anklin	Squar	e Dr. Bal	to, Md.	21237		
State		31. Date filed (Month, Day, Year)	32. Regis	trar's Signature							
Registrar	_	SEP - 5 19	KI.	Muchen	Randall.						
6 Rev 6/95		OLI 3 13	30								



State of Maryland / Department of Health and Mental Hygiene

96

						Ce	ertificate	of D	Death			Reg. No.				
			1. Decedent's Nama (First, Middle,		, , ,		LIPS	5)	2. Dete of Death Month Day			3. Time at 1 with				
100	Physiciar /Medica		THOMAS ALBERT			J.	1714	ILL.	1,05	*	DEDTEM		1996	10	500	
	Examir		4a. Fecility Neme (If not institution,	giva street end nun	nber)			4b	c. City, To	own, or Loc	cation of Deet		y of Death			
	Exami	101	Delignos I because in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of													
	Francis I				7. Age (In yrs.		If Under 1	Yaer	If Undar	LISB 24 Hrs.	6. Deta of Bir		COMIC		to or Foreign	
п	Funeral Director		216-20-6511	1 <b>⊠</b> M 2□F	70	Yrs.		Days	Hours	Min.	(Month, De	y, Year)			ate or Foreign	
			Usual Residence of Decedent								June 1	1926	Mar	ylan	a	
	and and		10a. Stete 10b. County		10c. Ci	ty, Town or I	Location						1	Od. Insid	e City Limits	
	Aarylan f ahow	5	Maryland Some	reat			Cr	isfi	eld						Yes 2 □ No	
	28e	Director	Maryland Some									10 001 1				
	th with 23a or		16 Anchor Dr	10t. Zip (	10f. Zip Code 10g					0g. Citizen of What Country? USA						
	dea fin	Funerai	11. Menitel Stetus	12. Was Dece	dent Evar in U	,S. 13	. Wes Decede	nt of His	panic Ori	igin? (Spe	cify Yes or No	- 14. Re	ce - Americ		1,	
020	be filed within 72 hours after death with the Maryland tiel Hygiane. Id other than "naturel", or items 23a or 23a-f ahow event, the Medical Examiner must be notified at	þ	1 ☐ Nevar Married 2 Marrie 3 ☐ Widowed 4 ☐ Divorced	d 1X Yes	1) Yes 2 Ndwarld			Wes Decedent of Hispanic Origin? (Specify Yes if Yes, specify Cuben, Maxican, Puarto Rican, at 1 Yes 2 Mon Specify:				Specify: White				
15-0	natur	eted	15. Decedent's (Specify only highest	Education grade complated)		18a. Decedant's Usual Occupation (Give kind of work done during most of wo				at of workir	ng	16b. Kind of B	usiness/inc	dustry		
21215-0020	should be filed within nd Mentel Hygiane. marked other than "I matic event, the Mes	Completed	Elementery/Secondary (0-12) Grade 7	College (1	ge (1-4or5+)  Loading Superviso:						Produce Shippers					
	Hygie other	0	17. Father's Neme (First, Middle, L					18. Mothe	er's Nema	(First, Middla,	Meiden Sumer	na)				
a	Mentel I Merked of arked of	ToB	George Phillips						A	lice	White					
Ž	and Meni e marked	-	19e. Informant's Name/Reletionsh	n (Type, Print)		19b. Mei	lino Address /	Street er	nd Numb	er or Rura	l Route Numb	er, City or Town	State Zin	Code)	- 500	
Maryland	200		Geraldine M. Ph		ife)		Anchor						1817	0000)		
Ġ	s 1 and 2 should f Health and Mer tem 27 le marke other traumatic		20a. Method of Disposition				position (Neme			1	Date	20c. Location		own State		
و	o H o		1 ☐ Buriei 2 ACremetion		Stete	camatary, cri	emetory or oth	er plece								
	tame fury		4 ☐ Donetion 5 ☐ Othar (Spi	ecity)	Sa	lisbur	ry Crem	ator	:y	19	/5/96	Salish	oury,	MD		
Baltimore,	permit. Peges 1 end Department of Health Important: If item 27 eny injury or other tr once.		21. Signature of Funarel Service Licenses  Rubull 12 Lund Common Bradshaw & Sons Funeral Home													
			Robert H. Bradshaw 306 W. Main St. — Crisfield, MD 21817  23a. Perti. Enter the disease, or complications thet ceused the deeth. Do not enter the mode of dying, such es cardiec or raspiratory arreat, shock, or heert fellura. List only one ceusa on each line.  Approximate interval Between													
			shock, or heert fellura. List o	nly one ceusa on as	ach line.	n. Do not el	nter tha mode	or dying,	, such es	cardiec o	r raspiratory a	rreat,	1	Approxi	Between	
Я	Physician		Onset and									nd Death				
	/Medical Examiner		Immediate Cause (Fine) disease or condition								Kiolney few ma					
	-Auminor	Due to (cylas a consequence of):									1					
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Ö	death of attended for u	icia	Port II Other elgolfloort condition	a contribution to do	ath but and as	ultime in the			- i- D		ook Did			- Ab		
o	t the de by the tached	Physician	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying of													
ص	es that the igned by th be detache		Chronic Kend Failuse								1 Yes 2 No 3 Probably 4 Tonknow					
Records,	8 5 2	d by									Ode Mee		24b 146	ara audar	any findings	
0	been sign should be	Completed									24a. Was	an autopsy rmed?	ave	eilable pri mpletion	osy findings for to	
မင္	aw 2 s	pid										/	of	death?	Or Cause	
	0 - 0	0									10	Yes 2 No	10	□Yas :	212No	
VII.	icien: Th certificate rector, pag	Bec	25. Wes cese referred to medical						26. Place	of Death	(Check only	- III				
>		0	axeminer? 1 ☐ Yes 2 ☑ No	Hospitel:	patient 2 🗆	ER/Outpatie	ent 3 DOA	Other					nar /Snaoih	641		
O		Ë	27. Menner of Deeth	28a, Date o	f Injury	28b. Tima		_	4   Nursing Homa 5   Hesidance 6   Othar (Specify)							
Division	ding P. After funer	tior	1 ☐Neturel 5 ☐ Pending	(Month	n, Dey Year)	Injury	М	work?				.,.,				
S	i or Attending after death. Director: After d in by the fune	Certification:	3 Suicida 6 Could no	t be	of Injune At h	torm o								al Pouto I	limbar	
2	- 9	Ė	4 ☐ Homicide datarmin	ed buildin	g, atc. (Specif	y)	treat, factory.	onica		-	281. Location (Street and Number or Rural Route Number, City or Town, Stete)					
-	urs urs a liled															
	Hospital 24 hours Funeral itely lilled	edicai	(Uneck only 2   Medical E:	Physician: To the la aminer: On the ba	pest of my kno sis of axamina	wiedge, daa tion and/or l	th occurred at nvastigetion. Is	tha tima	i, date en nion, dee	d plece, e	and due to the	cause(s) end m dete end piace.	annar as st	teted.	se(s)	
	To the Hospital o within 24 hours af To the Funeral DI completely lilled is		one)	and mann	er steted.											
	To To	Σ	29b. Signetura and titla of certifier	1.	//	/	29c.	Licensa	number		1	29d. Date signe	ed (Month,	Day, You	0	
			(Ras	X N	1/1	au 41	1	/) _	70	OK.	0	91	46			
/			30. Name and eddrass of person w	no completed cause		n 23e) (Type		_	~			- 1/	16	>		
			REILE	C /	1/6.	(L	47.0	n	)	. ,	10	V	11	11	12/8	
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Steel and the Market

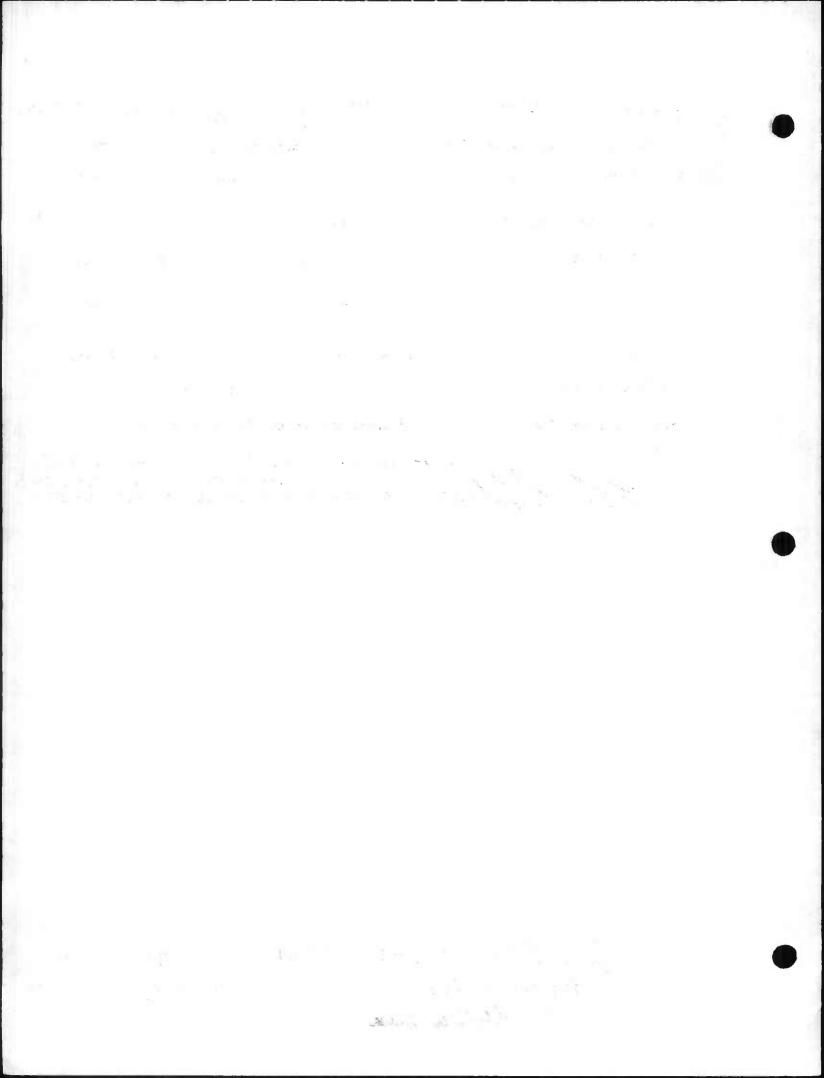
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Deeth **Physician** Vear 30 Virginia 4b. City, Town, or Location of Death 27 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Montgomery Montgomery Village Nursing Home Gaithersburg If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1□M 2₩F Yrs. Director 577-10-6368 93 Maryland July 5 1903 Usual Rasidance of Dacadant the Manyland 10s State 10b. County 10c. City, Town or Location 10d. Insida City Limits show flem 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic avant, the Medical Examiner must be notified at 1 ☐ Yas XXNo Director MD Anne Arundel Annapolis 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 985 Lanna Way 21401 death United States Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 12. Was Decedent Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hyghene. Important: If flem 27 is marked other than "natural", or flem any injury or other trauments. 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 Yas 2√ No Specify: þ Specify: White 3€ Vidowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) 8 Clothing/Retail Stock Clerk 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Sumama) Be Willett Alfred Daisy Speake 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stafa, Zip Code) Melvin H. Posey-Son 985 Lanna Way Annapolis, Maryland 21401 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Cedar Hill Cemetery Aug 30 1996 Suitland, Maryland 21. Signature of Funeral Sec 22. Nama and Addrass of Faciliyohn M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 23e. Part1. Enter the disaess, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical -ere bool month Examiner **burial-transit** Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Couse (Disaasa or injury that initiated evants rasuiting in daath) Last and Dua to (or as a consequence of) physician s the burial Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 8 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 1 Yas certificate 25. Was casa referred to medical Be 28. Place of Daeth (Check only ona) axaminar? Hospital: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 2 캶 28c. Injury at Work? 27. Mennar of Death 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of Certification: Atter 1 Natural 2 Accident 5 Panding if or Attendin after death. Director: Att 1 Yas 2 No invastigation 3 Suicida 6 ☐ Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) and manner steted. 29a. Certifier 29d. Data signed (Month, Day, Yeer) 29b. Signature and title of certifies 29c. Licansa number Hugust 28 1996 SMD 07231 30, Name and address no complated causa of deeth (Itam 23e) (Type, Print) es of pers k. 207 Brookes Ave Gaithersburg MD 20877 DDSe = ames 31. Data filed (Month, Day, Year) 32. Registrar's Signatura

Alie Devido

SEP 0 4 1996

State

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate of	f Death		Reg. No.				
		36	1. Decedent's Neme (First, Middle, Li	est)					2. Date of I	Death	Yaer	3. Time of Death		
Physician /Medical			rrancis A. rowell						August	: 31, 19	5:54 PM			
	Examir		4e. Fecility Neme (If not institution, give street and number)  4					4b. City, Town,	or Location of De					
			Randolph Hills	Nursing	Home			Silver	Spring	Mon	ry			
	Funeral			Sex	7. Age (In yrs. la	st birthday)	If Undar 1 Yaa Months Days		Hrs. 8. Deta of E	Birth Day, Year)	9. Birth	place (Stata or Foreign ntry)		
	Director		560-30-9343	1⊠M 2□F	67	Yrs.	Workins Days	s Hours	Aug. 2	3, 1929	Arka	nsas		
	p ,		Usuai Rasidance of Decedent		10.00									
	aryla show	-	10a. Stata 10b. County			Town or Lo						10d. Inside City Limits		
	the Marylan r 28a-f show notified at	oto	Maryland Montgome	ery	5117	ver Sp	oring					1 ☐ Yas 2₺ No		
	rith tr	Directo	10e. Street and Number				10f. Zip Code			10g. Citizen of What Country?				
	ath w	rai	13205 Locksley Lane 20904							USA				
	ter des tteme	Funeral	11. Mentel Stetus	Armed Fo		s? If Yes, specify Cub		Hispanic Orlgin' ban, Mexicen, P	? (Specify Yes or I uerto Ricen, etc.)	No- 14. Race - Am Black, Wh				
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21215-0020	hours tural',	D D		1	etes: Korea		dentie Hauel Occ	unation.		10h Mind -4 F		nite		
15	n 72	Completed	15. Decedant's E (Specify only highest gr	ade completed)		16a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired)				16b. Kind of E	susiness/in	dustry		
12		E	Elamantery/Secondery (0-12)	College (1	1-4or 5+) 5+		ysical C			Edu	catio	n		
	be filed ital Hygi d other event, II	Ö	17. Father's Name (First, Middle, Last	1)		*	<u></u>	18. Mother's	Neme (First, Midd	la, Maldan Surna	ma)			
an	D = D =	To Be	James Howard Powell Anne Cecelia Kopp							onn				
Maryland	Short N br	-	19e. Informent's Neme/Reletionship (Type, Print)  19b. Melling Address (Street and Number or Rural Route Number, City or Town, State,									o Code)		
	and 2: saith ar n 27 is er treu		Lucy J. Powell /							Spring, Maryland 20904				
ē,	무운동		20e. Mathod of Disposition		20b. Ple	ce of Dispo	sition (Name of		Dete	20c. Location - City or Town, Stata				
Baltimore,	age onto		1 ☐ Buriai 2 ☑ Crametion 3 ☐ Removel from Stete cematary, crematory or other place)											
	permit. P Departme Importan any injur		4 Donetion 5 Other (Specify) Fort Lincoln Crematory 9/4/96 Brentwood, 21. Signeture of Funeral Sovice Licenses 22. Name and Address of Facility Hines-Rinaldi Funera											
B	Depa Impo any i		11800 New Hampshire Avenue											
	_		23a Part I Enter the disease or own	polications that o	author the delate	Do net and	Silver S	pring, I	Mary Land	20904	-	Approviment		
	Dhamisian		23a. Part1. Enter the disease, or conshock, or heart fellows. List only	one cause on e	ach line.		an the mode or dy	ying, auch as car	unac or respiratory	allest,	1	Approximata Interval Between Onset and Death		
$\lambda$	Physician // // // // // // // // // // // // //		Immediate Cause (Finel								1	1.11000		
	Examiner		disease or condition resulting in death) e.									Gudden Gudden Monttig		
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	icate be executed physician and s the burlat-transit	Examiner	Sequentially list annelling	b	Due to for	es e consec	ferro	un v			<u> </u>	your		
ó	exec in an											Alioutes		
68760,	entificate be executing physician and se as the burlat-tra	Medical	Cause (Disease or Injury that initiated events Dua to (or as a consequence of):									1000 1165		
	g ph as th	8	resulting In death) Lest			1	VI CANA-							
Box	leath certifica attending pl			d	whos	17.						45007		
_•	0 0 2	by Physician	Pert ii. Other significant conditions of	contributing to de	eath but not result	Ing in the u	ndertving cause g	riven in Pert I.	23b. DI	d tobacco use co	ontribute t	to the cause of death?		
P.0	t the d by the tached	hy	July Pa	,						Yss 2□No	3 DAPro			
		JY F	activity Ca	ru w	omas									
Records,	r requires been sign should be		·						24a. We	es an autopsy formed?		/era autopsy findings vellable prior to		
ပ္သ	- 00	plet							_	TOTTINGUE	CC	ompletion of cause death?		
	e - e	Completed							15	Yes 2 No	11	☐ Yes 2☐ No		
ta	itelen: The certificate rector, pag	BeC	25. Was case referred to medical					28. Place of	Death (Check only					
of Vital		ToE	exeminer?	Hospitel:	Inpatient 2 E	R/Outpatler	nt 3□ DOA O	ther .	ng Home 5□Re		her (Speci	fv)		
			27. Menner of Deeth	28e. Dete	of Injury 2 th, Day Year)	8b. Time of			-	e how Injury occu				
Division	Attending in a death.  Ector: After by the funer	atlo	1 Neturei 5 Pending 2 Accident Investigation		ii, Day rear)	injury		JYas 2 □ No						
VIS	Afte or de by th	if c	2 Could not be							(Street and Num own, State)	ber or Run	al Route Number,		
Ö	s afte	Certification:	4 a Hornous	Danon	ng, etc. ( <i>Specily)</i>				Only or .	Own, State)				
	To the Hospital or Attend within 24 hours after dealt To the Funeral Director: completely filled in by the		29e. Certifier 150 Certifying Pt	ysiclan: To the	best of my knowl	edge, deetl	occurred et the	time, date and p	ece, end due to th	e ceuse(s) end m	annar as a	iteled.		
	he H in 24 he Fi	edical	(Check only one) 2 Medical Example (Check only one)	and man	asis of axaminationer stated.	n and/or in	vestigetion, in my	opinion, daath o	ccurred at the time	a, date and place	, and dua t	o tha cause(s)		
	To the To the Com	2	29b. Signature and title certifiar	1			29c. Licer	nse number		29d. Dete sign	ed (Month,	Day, Year)		
			Nepupo	2 wo			D-	323	32	09	03	96		
			30. Neme and eddress of person who	completed caus	e of death (Item 2	23e) (Type,	Print)							
			6x GUPTA, M	0 980	Gas	04509	Aue \$	7220	silver	- Sprup	M	120002		
	Sta		31. Date filed (Month, Day, Year)	32. R	egistrar's Signety			,		1				
	Registr	ar	SEP 0 5 1996	J - 3	Danigon-	Johns	<b>6</b>							

State of Maryland / Department of Health and Mental Hygiene

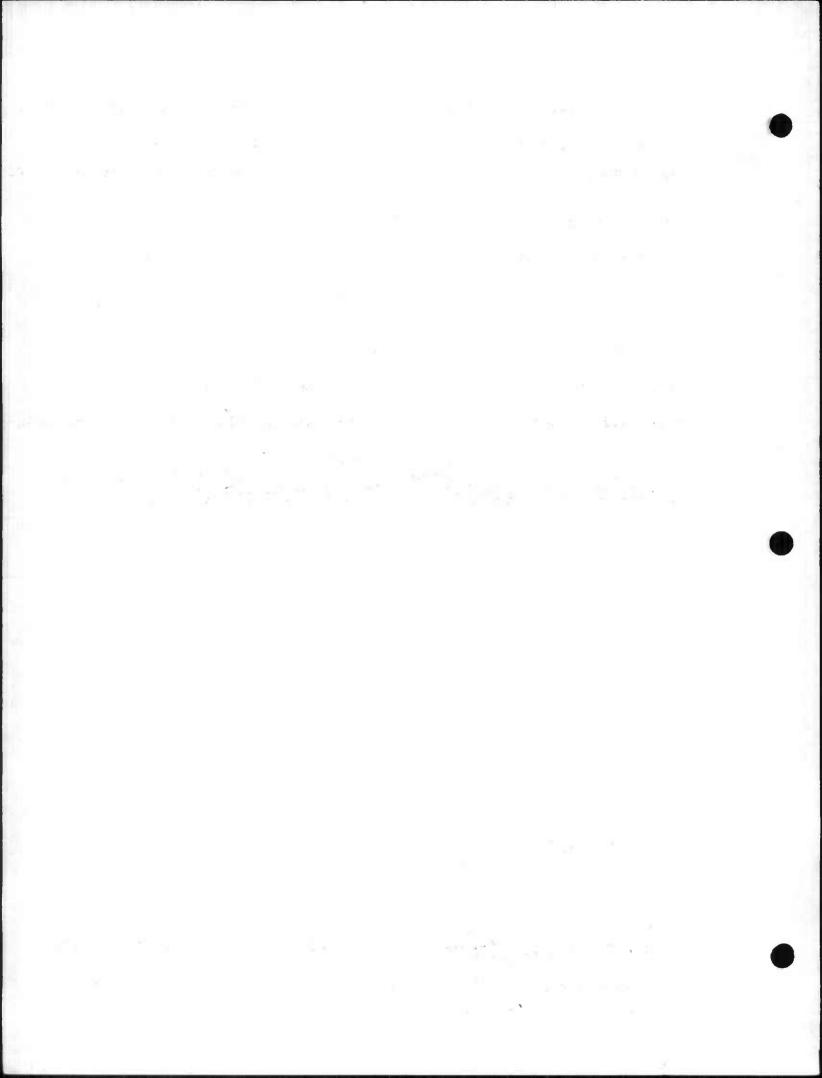
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						Ce	ertificate	e of	Death			Reg. No.			
т			1. Decedent's Neme (First, Middle, Li	nst)							2. Dete of D			3. Ti	me of Deeth
	Physic		Gus Theo	dore	Pappa	s					Septem	ber 1,	1996	11	1:00 AM
	/Medi Examii		4a. Fecility Neme (If not institution, git					4b. City, To	own, or L	ocation of Dea		ty of Deeth			
	Exami	101	Allegis Nursing	Home					Kens	ingto	on	Mon	tgome	rv	
_	Funeral				. Age (In yrs.	lest birthday			If Under	24 Hrs.					tete or Foreign
ı	Director		578-28-5448 Usuai Residence of Decedent	1☑M 2□F	68	Yrs.	Months	Days	Houra	Min.	May 9,	8. Dete of Birth (Month, Day, Year) May 9, 1928 Washington,			
	land land		10a. Stete 10b. County		10c. Cit	y, Town or I	Location			i			1	0d. Insi	de City Limits
5-UUZU 72 hours after death with the Mardand	he Man	Director	Maryland Montgome	ver S	-	0 1				10'					
	Sa or	Dir	10e. Street and Number 10f. Zip Code 20902												
	999th	era	11. Mantai Status						US/		ace - Americ	an India	an.		
	within 72 hours efter deeth with the Marylan Jene. Than "netural", or fterms 23a or 28a-f show The Medical Examiner must be neithed at	by Funeral	1 Never Married 2 Married 3 Widowed 4 ☑ Divorced	1 Yes 2	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:			<ul><li>13. Was Decedent of Hispanic Origin? (Spiff Yes, specify Cuban, Mexican, Puerto</li><li>1 ☐ Yes 2 ☒ No Specify:</li></ul>			Rican, etc.)	Rican, etc.) Blac Specify		ck, White, etc.  White	
	2 ho	ted	15. Decedent's E	ducation	16a. Dec	a. Decedent's Usuel Occupation				-l	16b. Kind of	Business/Inc	dustry		
	filed within 7 Hygiene. ther then "r out, tre Med	Completed by	Elementery/Secondery (0-12)	(Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4)		5+) (Give iife. E		s kind of work done during most of workin DO NOT use retired)			ang	D alaa			
1	al Hygie other ti vent, tr						Baker				· · · · · · · · · · · · · · · · · · ·	Bakery			
	a la b y	Be	17. Fether's Neme (First, Middle, Last) Theodore Pappas						_		eme (First, Middle, Meiden Sumeme) ce Macheras				
	2 should be it and Mental it is merked of raumatic ava	To					1045								
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ໜໍ່ 🖔	of Heelth Item 27		20e. Method of Disposition	715001	20b. P	Piece of Dist	position (Nem	ne of		ue,	Dete	20c. Location		_	
			1 ☑ Buriai 2 ☐ Cremetion 3 ☐		ate	emetery, cri	emetory or of	her ple	*	0		Washing			
	permit. Peges Department of Important: If I any Injury or once.		4 Donetion 5 Other (Special Signature of Portifich Service Lice		GIE	Glenwood Cemet					nes-Rinaldi H		-		
	Departr Departr Importa any Inje		11800 New Hampshir Silver Spring, Man							re Aven	lue	Herar	1101	iiC	
														ximate	
,	Physician		23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximatiniterval Beh Onset and I											i Between	
	/Medical		immediate Ceuse (Finei disease or condition Metastatic Colon Cancer								į	Yea			
- 1	Examiner		disease or condition resulting in death)	a		-	equence of):	icei					1	166	ils
		ner			000000	03 2 0013	equence on.						1		
	cernicate be executed ding physician and ise as the burial-transit	Examiner	Sequentially list conditions,  Due to (or es e consequence of):												
	lan a		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury									i			
	hysic the b	lica	Cause (Disease or injury that initiated events resulting in death) Last  Due to (or es e consequence of):												
-	ing p	/Medical													
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	0 0 0	Physician	Part II. Other significant conditions	contributing to deat	outing to death but not resulting in the underlying cause given in Pert I.					1.	23b. Dic	tobacco use c	ontribute to	the ca	use of death?
	that the led by the detache		Progressive dem							1 Yes 2 No 3 Probably 4 Unknow					
	a iga d b	d by									04- 141-		24h 14/	ore cuit	mey findless
	neen spoul	Completed								24a. Wa per	s an autopsy lormed?	av:	ailable p mpletio	ppsy findings prior to n of cause	
	hes ye 2	dmc									15	Ves all v		death?	0 D 11:
		e Co	25. Was case referred to medical									Yes 2 No	11	Yes	2 No
	this certific ral director,	0	examiner?  1 Yes 2 No	Hospitel:	antinet of	ED/0	··· 2000	A Ott	nor.		h (Check only		thes (A		
		<del> </del>	27. Menner of Deeth	28e. Dete of	injury	ER/Outpetion 28b. Time		A	4.ALI NI	ursing Ho		how injury occi		y)	
1	After After	tlor	1 Netural 5 ☐ Pending 2 ☐ Accident investigetion	(Month;	Day Year)	Injury	М	Bc. inju Wo 1 🗆	rk? Yes 2□	No					
	after death. Director: After d In by the fune	fica	3 Suicide 6 Could not b	f Injury - At ho						28f. Location (Street and Number or Rural Route Number,				Number,	
		Certification:	4 Homicide determined building, etc. (Specify)							own, State)					
	to the hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai C	29e. Certifier 1 ☐ Certifying Pt	nysician: To the be	est of my kno-	wiedge, des	oth occurred e	t the th	me, dete ar	nd place,	end due to the	cause(s) and n	nenner es si	leted.	use(s)
	within 24 To the F complete	Medi	Uney .	end menne	r steted.		-			, , outui					
ı	1 × 0 0	-	29b. Signature and title of certifier	5 2	1		29c. License number					29d. Date aigned (Month, Day, Year) September 3, 1996			
			1 herter -	Maryel	(0)			אטע (	3944			Septem	ber 3	, 15	990
			30. Neme end address of person who	~											
			Martin C. Shargel				ıt Aveı	nue	, Kens	sing	ton, Ma	ryland	2089.	5-21	110
	Sta	to	31. Dete filed (Month, Day, Year)	32. Reg	Istrar's Signe	ture									

State

Registrar

SEP 0 5 1996



State of Maryland / Department of Health and Mental Hygiene 96

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						Cer	tificate c	of Death		Reg. No.			
		W	1. Decedent's Neme (First, Middle,	Last)					2. Dete of De		W-111	3. Time of Death	
	Physici Medio/		(YENEVA	С.	r	OLLA	Ri	-	Se Pten	TheO4	UG 6	09:50	
	Examir		4e. Fecility Neme (If not institution,	give street end numbe	r)			4b. City, Town, or	Location of Deeth	4c. County	of Deeth		
			SHADY GROVE	DVENTIST	HOE	PITAI.		ROCKVI:	LLE	MONT	GOME	RY	
	Funeral			. Sex 7. A	ige (In yrs. I		If Under 1 Ye			h Voorl	9. Birthp	place (Stete or Foreign	
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	g .		Usuel Residence of Decedent  10a. Stete 10b. County		10a Cita	, Town or Lo							
	show abow	2	Too. County				of Col	amb d -			1	0d. Inside City Limits  N☐ Yes 2☐ No	
	the Marylan r 28s-f show notified at	Director	10.00		DI	SCIICE			1				
	10 0	ត	10e. Street and Number				10f. Zip Cod			10g. Citizen of V	Vhat Coun	itry?	
	E 23 E	Funeral	1447 Lawrence S	treet, N.F	to Muse in 11 f	0 40.14	200			United :			
	hams Der my	'n	11. Meritai Stetus	Armed Forces	37	5. 13. ¥	Yes, specify C	of Hispenic Origin? (Suban, Mexican, Pue	to Rican, etc.)	Bled	e - Americ k, White,	ean Indian, etc.	
20	rs at	by F	1 Never Married 2 Merried  35℃Widowed 4 Divorced	1 ☐ Yes 218 if Yes, Give Yeer or Detes		1	☐ Yes 2151	No Specify:		Specify	Bla	ck	
Maryland 21215-0020	2 hou		15. Decedent's		. 210	16a. Deced	ent's Usuei Oc	cupetion		16b. Kind of Bu	usiness/inc	dustry	
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lar	should by id Menta marked marked	ToE	Samuel Cox					Dais	y Taylor				
ar)	d 2 sho h and A f is ma traums		19e. Informant's Neme/Reletionship	(Type, Print)		19b. Meliin	g Address (Str	eet and Number or F	ural Route Numbe	er, City or Town,	Stete, Zip	Code)	
	a file	1	Jeannette Brigg	S		Route	2 Box	380 Glady	s. Virgi	nia 24°	554		
ore.	of Figure		20e. Method of Disposition		20b. PI	ece of Dispos	sition (Name of netory or other	plece) S	eptember			iwn, State	
Ĕ	Page nert or rry or		1   Buriai 2 □ Cremetion 3  □ Donetion 5 □ Other (Spe		Line	coln Me	emorial	Cemetery	7, 199	Suitla	and,	Maryland	
Baltimore,	parmit. Pa Department mportant kny injury		21. Signature of Funeral Service Lic	epsde	-	22	Name end Ad	dress of Fecility M	cGuire F	neral S	Servi	ce, Inc.	
m	99188		Since )	Med	1110	W	shingt	dress of Fecility M gia Avenu on, D.C.	20012				
			23a. Pert f. Enter the disease, or co shock, or heart feilure. List on	mplicetions that cause	ed the deeth							Approximete	
4	Physician		SHOCK, OF Heert reliure. List on	~							İ	interval Between Onset end Deeth	
4	/Medical		immediate Cause (Fine) disease or condition	DV	lm	UNU	11	emb	cki				
п	Examiner		resulting in death)	ө.	Due to (or	es a consed	uence of):	emb					
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	icata be asscuted physician and s the burial-transit	Examine	Sequentially list conditions.	b		es e consequ	-						
0	e axe ian a uriaH		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	Ca	(0~	(	a N Co				i		
68760,	ata b nysic he bi	edical	thet initieted events resulting in deeth) Last	с.		es e consequ	ience of):	7					
	5 00	Med	ioodiing in dooring East										
Box	th ce tendi			d							i		
	es that the death cer igned by the attendin be detached for use	Physician/	Part ii. Other eignificant conditions	contributing to deeth	but not resu	iting In the un	derfying cause	given in Pert i.	23b. Did 1	obacco uee co	ntribute to	the cause of death?	
P.0.	at the	F	pneumonia						10	1 Yee 2 No 3 Probably			
Ś	requires that tha	by									-		
Records,	v require been si should	ted							24a. Wes perfo	an autopsy med?	ava	ere eutopsy findings alleble prior to	
e C	2 S C S S C	ple									of o	mpletion of cause deeth?	
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Vital	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical examiner?					26. Piece of De	of Death (Check only one)				
of \	Physic this ce	2	1 ☐ Yes 20 No	Hospitei: 1) Inpai	tient 2 🗆 E	ER/Outpatient	3□ DOA	Other: 4 Nursing	Home 5 Resid	lence 6 DOth	er (Specif)	y)	
ם	ng PI		27. Menper of Deeth  Neturei 5 ☐ Pending	28a. Dete of in (Month, D	jury ley Year)	28b. Time of Injury	28c. Ir	njury et Vork?	28d. Describe t	ow injury occur	red		
50	Attending ir death. ector: After by the fune	Sati	2 Accident investigat				M 1	☐ Yes 2☐No					
Division	or Attendi aftar death. Director: A d in by the fa	Certification:	3 ☐ Suicide 6 ☐ Could not determine	d 286. Place of II	njury - At hor	me, ferm, stre	et, fectory, offi	ce	28f. Location (S City or Tox		er or Rura	Il Route Number,	
	is af	3											
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: After this certificate his completely filled in by the funeral director, page	edical	(Uneck only 2 Medical Ex	Physician: To the bes aminer: On the basis	t of my know of examineti	viedge, deeth	occurred et the	time, dete end piac	e, end due to the	ceuse(s) end me	nner as st	eted.	
	the H	8	one)	end menner s	teted.								
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	2		30. Neme and eddress of person in	o completed cause of	deeth (Hefn	23e) (Type, F	Print) LS	+ Su	1 32	4			
	1		Silverso	not m	u	20	100						
	Sta		31. Dete flied (Month, Day), Year)		rer's Signet								
	Registr	ar	SEP 06	1996	she Dav	down 193	MARIE						

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Veer **Physician** Kenneth Barnette Powell August 30 1996 /Medicai 7:40 AM 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Doctors Community Hospital Lanham Prince Georges 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth May 20 ay. 20 ar) 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 10 M 20 F 76 241-26-4475 Yrs. Director Johnston, N.C. Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits rai", or items 23a or 28a-f shor Examiner must be notified at Director 1 XYes 2 No 288-11 Prince Georges Riverdale 108.5 Riverdale Road #102C 101 219 983 10g. Citizen of What Country? USA 238 Funeral Hems 12. Was Decedent Ever in U,S. Armed Forces? 1 Q /, 2 Was Decedent of Hispanic Orlgin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marttel Status 14. Race - American Indian, 1 Types 2 No 1942— If Yes, Give Yeer or Dates: 1945 Black. White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. int: If Item 27 Is marked other than "natural", or ite 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify Specify: Black þ 3 Widowed 4 Divorced Completed traumatic event, the Medical 16a. Decedent'a Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Printer Federal Government 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John E. Poweii Sophiral Atkinson 19a. Informant's Name/Relationship (*Type, Print*) Martha L. Powell – Wife 19b Mailing Address (Street end Number or Rural Route Number, City or Town, Slete, Zip Code)
5913 - 87th Ave., New Carrollton. MD 20784 Department of Health e Important: If Item 27 Is any Injury or other trav 20b. Place of Disposition (Neme of cemetery, cremetory or other piece)
Ft. Lincoln 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 □ Cremetion 3 □ Removal from State 9/5/96 Brentwood, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Servica Licenses 22. Name and Address of Facility McGuire Funeral Service, Inc. 7400 Georgia Ave., N.W. Washington, D.C. 20012 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause of each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) 17 days Examiner Examiner sician and burial-transit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Box 68760. physician Physician/Medicai the 88 980 signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. ρ should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy page 2 has 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 24 hours after deeth. Funeral Director: After this certifica funeral director, 25. Was case referred to medical examiner? Be 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Manger of Death 28b. Time of 28d. Describe how Injury occurred Dete of Injury (Month, Dev Year) 28c. Injury at Work? 1 Dalatural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Piaca of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, State) 6 4 Homicide Pellil • Funeral C To the Hospi within 24 hou To the Funer completaly fil certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) Medical 29a. Certifier 29b. Signature and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) o aucoly and D09179 0 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

7305 Hanover Parkway, Suite A, Greenbelt, MD

**DHMH 16 Rev 6/95** 

State

Registrar

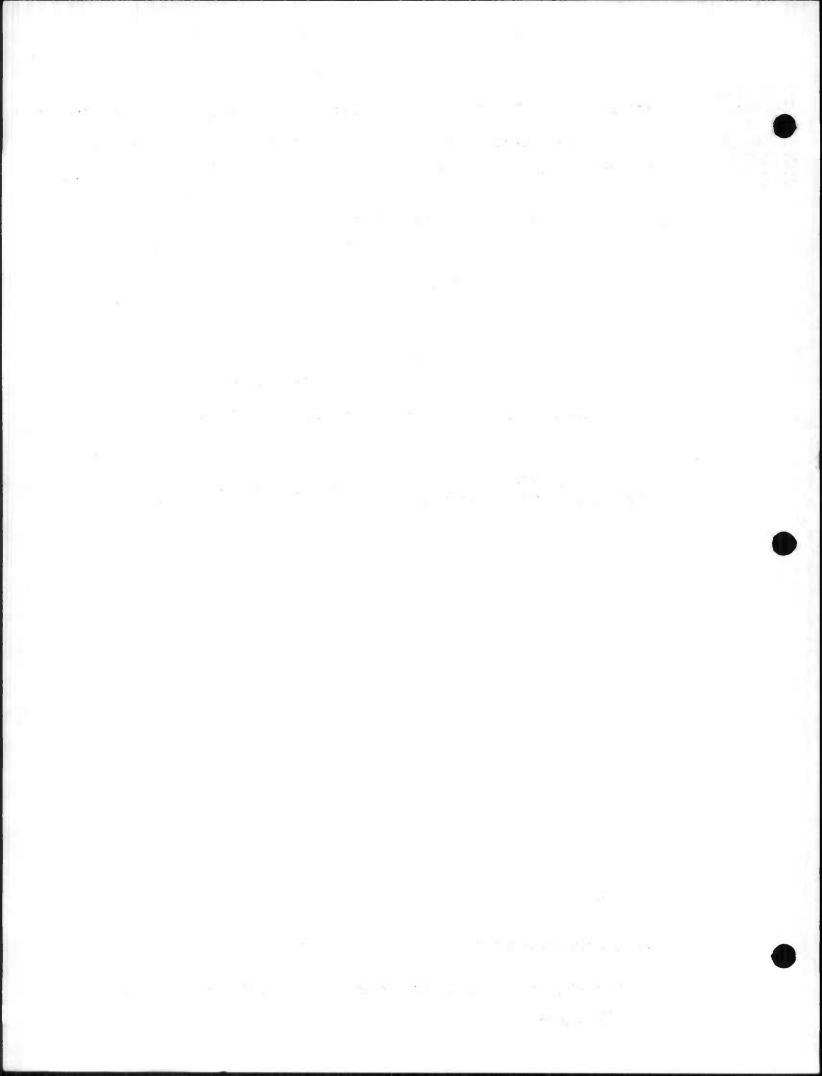
Ata Mosheudi.

SEP 0 5 1996

32. Registrar's Signature

while Davidson

31. Date filed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Day Yaer Marian W. Polites September 1, 1996 8:50 PM /Medical 4e. Fecility Nema (If not institution, giva straet and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 770 Azalea Drive Rockville Montgomery If Undar 24 Hrs. Hours Min. If Undar 1 Yaer 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplace (Stata or Foreign Country) Funerai Deys Months 1 ☐ M 2 🂢 F Yrs Director 200-24-3132 64 May 29, 1932 Pennsylvania Usuai Rasidance of Dacedant the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumetic event, the Medical Examiner must be notified at 1 X Yas 2 No Directo Montgomery Maryland Rockville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? e filed within 72 hours after death with all Hygiene.
Other than "netural", or Items 23a or 1 770 Azalea Drive Funeral 20850 United States 12. Wes Decedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No if Yas, Giva Yaar or Dates: Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Rece - American Indian, Bleck, Whita, atc. 1 ☐ Never Merried 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation
(Giva kind of work dona during most of working
life, DO NOT use retired)
Service Department 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) Automobile 12 File Clerk Dealership permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event. 17. Fether's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumeme) Be P Edward Wentz Julia Companation 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 9226 Brown Church Road, Mt. Airy, Maryland Juliana M. Crampton / daughter 20b. Piace of Disposition (Nama of September Data comatary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Ramovai from Steta 5, 1996 4 ☐ Donation 5 ☐ Othar (Specify) St. Mary's Cemetery Rockville, Maryland 22. Nama and Address of Fecility Robert A. Pumphrey Funeral Home/ 21. Signature-of Funaral Sarvice Licensea M00831 Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 awrence 23a. Pert1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, ahook, or heart failure. List only one cause on each line. Approximeta intarvai Between Onset and Deeth **Physician** /Medical Immediata Causa (Finei diseasa or condition rasulting in daath) Lung Cancer 9 months Examiner Due to (or es e consequence of): Examiner or Attending Physician: The lew requires that the death certificate be executed after death.

Director: After this certificate has been signed by the attending physician and buriel-transit Sequantially list conditions, if any, leeding to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants resulting in death) Last and Dua to (or as a consequence of): physician s the buriel Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): attending pl been signed by the a should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Dtd tobacco use contribute to the cause of death? 1 No 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an sutopsy 1 ☐ Yas 2 X No 1 ☐ Yas 2 ☐ No Be 25. Was casa refarred to medical 28. Place of Deeth (Check only ona) Hospitai: 1 ☐ inpatient Other: 4 Nursing Homa 5 A Rasidence 8 Othar (Specify) 1 Yas 2 No Certification: To 2 ER/Outpatient 3 DOA the funeral 28a. Deta of injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. tnjury et Work? 28d. Describe how Injury occurred 5 Pending invastigation 1 (Natural 1 ☐ Yas 2 ☐ No 2 Accident To the Hospital or Atter within 24 hours after der To the Funeral Director completely filled in by th 8 Could not be datarminad 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Physictan: To tha best of my knowledge, deeth occurred at tha tima, data and piace, and dua to tha ceuaa(s) and mannar as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, deta and piace, end due to the cause(s) and manner stated. Medicai 29e. Certifiar 29d. Date signed (Month, Day, Year) 29b. Signatura end titia of certifiar 29c. License number 10 September 3, 1996 DC21311 30. Name end addrass of person who completed causa of daath (item 23a) (Type, Print)

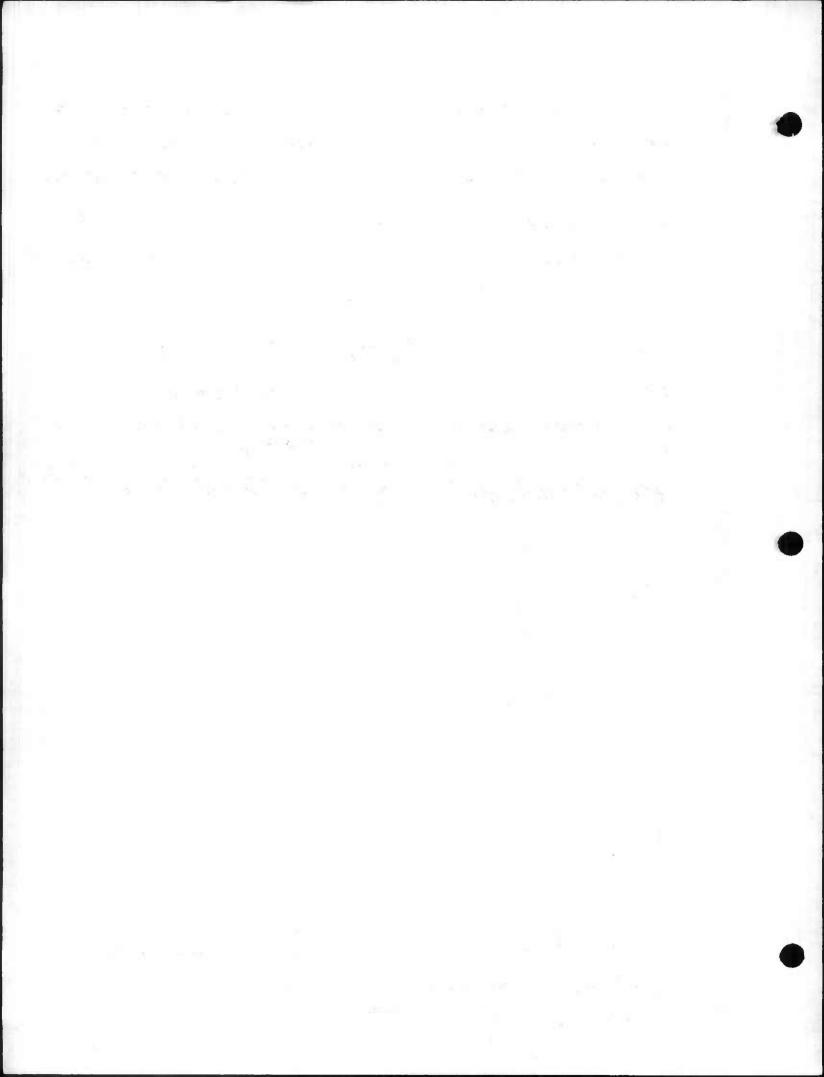
State Registrar

SEP 0 4 1996

William Dahut, M.D.

31. Date filed (Month, Day, Year)

3800 Reservoir Road, NW, Washington, DC 32. Registrar's Signatura



# ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-739 9/25/96 t.t Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

4b. City, Town, or Location of Deeth

27879

2038

Certificate of Death 1. Decedent's Nema (First, Middle, Last)

PREVOST JR.

FRANK

4e. Fecility Neme (If not institution, give street end number)

2. Dete of Deeth 3. Time of Death Dey

12, 1996 4c. County of Deeth

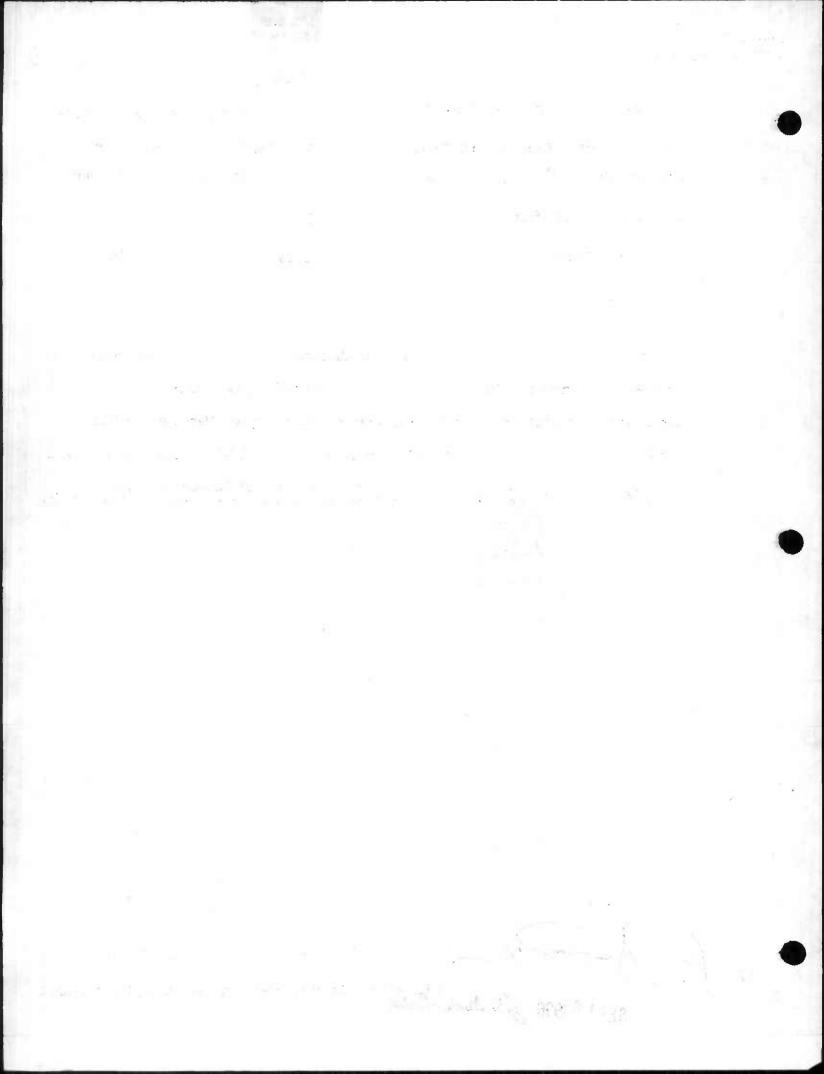
**Physician** /Medical Examiner

GEORGE

Funera		5. Social Security N			In T Age (In yrs.		If Unde	r 1 Year Deys	PARKVT If Ondar 24 Hi Hours Mi	n. (Month, D	rth ey, Year)	Cou	plece (State or Foreigntry)
Director	r	216-66-6 Usuet Residence of				42 Yrs.				Aug. 9	, 1954	Mar	yland
and *		10a. State	10b. County		10c. Clt	y, Town or Loca	ation						10d. Inside City Limit
Mary	Po	Maryland	F	Harford				J	oppa				1 ☐ Yes 2 🖾 N
1 the	Director	10e. Street end Nu	mber				10f. Zi	p Code			10g. Citizen o	f Whet Cou	ntry?
h with		809	Bradley	Road					21085			USA	
deat	Funeral	11. Maritel Status	DEGGEO ₁	12. Wes Decede	ent Ever In U,	S. 13. W	as Dece	dent of H		(Specify Yes or Norto Rican, etc.)	o- 14. R	ece - Ameri	can Indien,
o afe			ied 2 Merried	Armed Force  1 Yes 2  If Yes, Giva			_	2 D No	Specify:	erto Hican, etc.)		eck, White,	etc.
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene. Item 27 is merked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Evantment Fuel be not fed at	d by	3 Widowed	4 XDivorced	Yeer or Dete	95:			23/10	Specify.		Spec	" Whi	te
Maryland 21215-0020 td 2 should be filed within 72 hours at th and Mental thygiene. 77 is merical other than "natural", or treumetic event, the Modical Enan-	Completed	(Spec	15. Decedent's cify only highest	Education grade completed)		16e. Deceda (Give ki	ind of wo	iel Occup ork done d ise retired	during most of w	rorking	16b. Kind of	Business/In	dustry
within within sene.	E G	Elementery/Seco	ondery (0-12)	College (1-4	or 5+)				isher			Const	ruction
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Ald be Aenta	To B	George	Frank Pr	revost, Sr					Doroth	y (nmn)	Tomak		
2 should and Mer la marks summaric	1	19e. Informent's N	eme/Reletionship	(Type, Print)		19b. Melling	Addres	s (Street		Ru <i>ral Rou</i> te Numb		n, Stete, Zij	Code)
end 2 pailth n 27 i		George F	rank Pre	evost, Sr.	, Fath	er 809	Bra	dley	Road,	Joppa, M	aryland	210	85 _
00		20e. Method of Dis		☐Removel from Sta	0	lece of Disposit	story or o	other piec	e)	Dete	20c. Location		
it. Peges rument of a rumt: If ite			5 Other (Spe		Ba	ker's (	Ceme	tery		9/16/96	Aberd	een,	Maryland
DESILTIM permit. Peg Depertment Important: l any Injury o		21. Signeture of Fu	paral Service Lic	ensee	0	22.1	Name er	nd Addres	ss of Fecility	III Fun	oral Ho	mo D	λ
■ &o = a a		ste	Alu 1	a Mus	ely					ad, Abin			
		23a. Pert1. Entar	ha disaase, or co int feilure. List on	omplications thet oausely one ceuse on eecl	sed tha daeth h lina.	n. Do not enter	the mod	de of dyln	g, such es cardi	ac or respiretory	errest,		Approximate Intervel Between
Physician													Onset and Deeth
/Medical Examiner		Immediate Causa ( diseese or condition resulting in death)	(Final n	NARCOTIC	AND CO	CAINE INT	OXIC	ATION					
		resulting in dealtr)			Dua to (o	r es e conseque	ance of):	:					
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has be	Complet											CO	mpletion of cause death?
nysician: The la nysician: The la nis certificate has	Con									1	Yes 2□No	1	Yes 2□ No
Attending Physician: The law red or deeth.  ector: After this certificate has been by the funeral director, page 2 should be the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	Be	25. Wes case refer exeminer?	red to medical						26. Plece of De	eath (Check only	one)		)
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	on:	27. Menner of Deeti 1 ☐ Neturel	5 Pending		njury De <i>y Year)</i>	28b. Time of Injury		28c. Injury Work	et (?		how Injury occi	rred	
I or Attending after deeth.  Director: After din by the fune	cat	2 ☐ Accident 3 ☐ Sulcide	Investiget	he round 9-		UNKNOWN	М		Yes 2 No	UNKNOWN			
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Hospital or 24 hours afte Funeral Dir stely filled in		29a. Certifier	1 Cardibulan I	Shueleine. To the he		JND IN TR				PARKVILLE			
24 hos Fun etely	edicai	(Check only one)	204 Aedical Ex	Physician: To the best aminer: On the bests end manner	of exeminet	viedga, daath o Ion end/or invas	stigation	, in my op	e, date end pled Inion, daeth occ	e, end dua to tha curred at the tima,	date end plece	anner as s , and due to	teted. the cause(s)
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,	1	Name and deliver	ts of person un	o completed ceuse o	death (lta-	22a) (Tuna D	int	0.0	.M.E.		Sept 1	3, 1	996
6	11	DR.L.LO	1										
	1.1.	31 Date filed (Mont		32 April	etadle Cife et	III Pe	enn-	Str	eet, B	altimor	e, Mar	rylar	d 21201

State Registrar

31. Date filed (Month, Dey, Year) SEP 1 8 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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	France	- 1	V	U	V

Physician
/Medical
Examiner

Directo

Funeral

þ

Completed

Be

Maggie Murrell Parks 4a. Facility Nama (If not Institution, giva street and number)

2. Data of Death Month Sept. 4,

Day

4c. County of Death

Yaar 1996

William Hill Health Care Center 5. Social Security Number

1. Decedant's Nema (First, Middla, Last)

6. Sax 1□M 2X F 85

7. Age (In yrs. last birthday) Months Days Yrs.

Cambridge
| H Under 1 Yeer | If Under 24 Hrs. | 6. Dete of Birth (Months Days Hours Min. | (Month, Day, Year) April 13,

4b. City, Town, or Location of Death

Dorchester Birthpiaca (State or Foreign Country) 1911 Maryland

218-30-1782 Usuel Rasidence of Dacedant

10a. Stata

10b. County Dorchester 10c. City, Town or Location

10d. inside City Limits 1 Yas 2 No

Maryland 10e. Street and Number

21634

Hoopersville

10f. Zip Coda

10g. Citizen of What Country? U.S.A.

2133 Hoopersville Rd.

12

1 Never Merried 2 Merried 3 Widowed 4 □ Divorced

12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Dates:

13. Was Decedant of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 ☐ Yas 2 ☐ No Specify:

14. Raca - Amarican indian, Biack, Whita, etc.

15. Decedant's Education (Specify only highast grada complated)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired)

White 16b. Kind of Business/Industry

Eiamantary/Secondery (0-12)

College (1-4or 5+) 02

Bookkeeper

Seafood

17. Father's Nema (First, Middle, Last)

18. Mothar's Nama (First, Middla, Maiden Surnama) Julia Tyler

Albert J. Murrell 19a. Informent'a Name/Raiationship (Type, Print)

19b. Malling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code)

Judy Robbins/Niece

P.O. Box 20b. Place of Disposition (Name of cematary, cramatory or other piece)

2730, Baltimore, MD. 21225

20c. Location - City or Town, Stata

20a. Mathod of Disposition

1 X Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Other (Spacify)

Dorchester Mem. Pk.

9-9

Cambridge, MD.

21. Signiture of Funeral Service Libensee

curran-Bromwell Funeral Home, P.A. Shear tha disaasa or complications that caused tha deeth. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, or heart failura List only one cause on each line.

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CHOLANGIO CARCINOMA

Immediate Causa (Finat disaasa or condition raaulting in death)

Due to (or es e congequança of):

4 MONTHE

Sequantially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in deeth) Last

Due to (or as a consequence of):

Due to (or es a consaquenca of):

Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an autopay 1 TYas

24b. Wera autopsy findings evailable prior to completion of cause of death? 1 Yas 2 No

25. Was casa rafarred to medical 1 Yas 2 No

Hospital: 5 Panding

invastigation

28e. Deta of Injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA 28b. Tima of

28c. Injury at Work?

26. Pleca of Daath (Check only ona)

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Describe how injury occurred

6 Could not be detarmined 28a. Plece of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida

conous

1 ☐ Yas 2 ☐ No

Location (Street and Number or Rural Routa Number, City or Town, State)

2 No

29e. Cartifian (Check only one)

27. Mannar of Death

1 Naturat

2 Accidant

3 Sulcide

153 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Sighatura end title of certifier

29c. License number 16609 MD.

SEPTEMBER

29d. Date signed (Month, Dey, Year)

30. Nema and addrass of person who completed cause of data tam 23a) (Type, Print)

Michael Moskewicz, 503 Byrn St., Cambridge, MD. 21613 31. Date filed (Month, Dey, Year)

State Registrar

SEP 0 9 1996

orla.

32, Registrar's Signatura Juli Shudson Rarball

3. Time of Death 7:25 p.m.

**Funeral** 

Director

the Merylend 28a-f show rthan "naturel", or itema 23a or 28a-f ehov the Medical Examiner must be notified at with

permit. Peges 1 and 2 should be filed within 72 hours effer death v Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "naturel", or itema 23a any Injury or other treumatic event, the Medical Exercises 2008s. Baltimore, Maryland 21215-0020

> Physician /Medical

Examiner

physician and the burial-transit

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medicai

Division of Vital Records, P.O. Box 68760,

or Attending Physician: The lew requires that the death certificate be executed

hes

certificate director,

this funeral

After

Director: A

To the Hospital or within 24 hours aft To the Funeral DI completely filled in

death.

and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s 

State of Maryland / Department of Health and Mental Hygiene

Physic		4 8						1	Reg. No.		
	ian	Decedent's Name (First, Middle)						2. Dete of De Month AUG	_	3. Time of Deeth	
/Medi		TORRONE	D.	QUE	EN					.996 12:25F	L
Exami	ner	4e. Fecility Neme (If not institution,					City, Town, or L GLEN B			of Deeth ARUNDEL	
		NORTH ARUNDE  5. Social Security Number	· · ·	AL E.R.	irthday) If Under 1		Under 24 Hrs.				-
Funeral Director		212-94-9749 Usuel Residence of Decedent	<b>№</b> M 2 F	23			Hours Min.	8. Dete of Bin (Month, De APRIL	y, Year) 21 1973	9. Birthplece (State or Fore. Country) MARYLAND	gr
natural', or items 23a or 28a-f show dical Examiner must be notified at		10e. Stete 10b. County	-	10c. City, To	wn or Location					10d. Inside City Limi	its
28a-f show	Director		RUNDEL	GAMBI						12 Yes 2□1	10
23a or	i Di	10e. Street end Number 1085 RT. 3 NORT	'H IANE		10f. Zip 0				10g. Citizen of US	Whet Country?	
items 2:	Funeral	11. Meritei Stetus	12. Wes Deceden		13. Was Decede	nt of Hispe	enic Origin? (Sp	ecify Yes or No		ca - American Indien,	-
Fail, or	by	1XXNever Married 2☐ Marrie 3☐ Widowed 4☐ Divorcad	Armed Forces d 1 ☐ Yes 2 X If Yes, Give Yeer or Detes	] No	If Yes, specif	y Cuben, A	Mexican, Puerto	Rican, etc.)	Bie	ck, White, etc. y: BLACK	
natu	Completed	15. Decedent's (Specify only highest	Education grede completed)	16	Decedent's Usuel (Give kind of work	done duri	n ing most of work	ing	16b. Kind of B	usiness/industry	
ther than	duc	Elementary/Secondery (0-12)	College (1-4or	5+)	'life. DO NOT use		1 6		METRA T	OOD MADVET	
\$ £		12th 17. Fether's Neme (First, Middle, L			CREW C		3. Mother's Nem			OOD MARKET	_
	To Be	ROBERT HOPKIN	S					A QUEEN			
7 is marked of traumatic eve	-	19a. Informent's Neme/Reletionshi	p (Type, Print)	19	b. Meiling Address (	Street end	Number or Rur	al Route Numbe	er, City or Town,	Stete, Zip Code)	-
P -		ETHEL QUEEN (GF	ANDMOTHER)	]	.085 RT. 3	NOR'	TH LANE	GAMBRI	LLS, MD	. 21054	
Important: If item 2 any injury or other once.		20e. Method of Disposition  NXBuriel 2 ☐ Cremetion : 4 ☐ Donetion 5 ☐ Other (Spe		cemet	of Disposition (Neme ery, cremetory or oth ON MEM. CF	er plece)	CEME.	Dete 9/3/96		City or Town, Stete LS, MD.	
Imports any inju		21. Signeture of Funerel Service Li	censee			ESE &	SONS M				
ysician Medical aminer		23e. Pert1. Enter the disease, or c shock, or he in feiture. List o Immediate Ceuse (Finel disease or condition resulting in death)		act go	not enter the mode  Shut  consequence of):	of dying, s	such es cardiac	or respiretory er	rrest,	Approximate Intervel Between Onset and Deeth	
physician and s the buriel-transit	Examiner	Sequentielly list conditions.	b	Due to (or es e	consequence of):						
vian a		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury									
physic the t	edicai	thet initiated events resulting In death) Lest	U	Due to (or es e	consequenca of):						
0 0			d								
d for use	iciai	Part II Other elanificant condition	nontribution to death	hut not reculting	in the underhile	100 ch 1	n Rost I	non miss	oheaca		
igned by the be detached	by Physician/N	Pert II. Other significant condition	o continuuting to death i	out not resulting	in the underlying cau	ise given li	n Ρθη I.		obacco usa co Yes 252 No	ntributs to the cause of deat 3 ☐ Probably 4 ☐ Unkno	
s been s 2 should	Completed								en eutopsy rmed?	24b. Were autopsy findings evelleble prior to completion of cause of deeth?	
pag								1591	es 2□No	1♥ Yes 2□ No	
is certific director,	Be	25. Wes case referred to medical exeminer?	Hospitei:			Other	6. Plece of Deet				
this aid	7	27. Menner of Desth	1 ☐ Inpati		utpatient 3 DOA		4 ☐ Nursing Ho		-		
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filled in by the f	ertifi	3 Suicide 6 ☐ Could no determin	ed 289. Pieca of in building, e	ijury - At home, f tc. (Specify) War	erm, street, fectory, o	office		City or Tow	Street and Numb m, State) Tu	per or Rural Route Number,	

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

Wedical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated.

Owid R Forder 111 Penn Street, Baltimore, Maryland 21201
31. Dete filed (Mont Stap 7 40) 3 1996 32. Registration Renders.

29c. License number

O.C.M.E

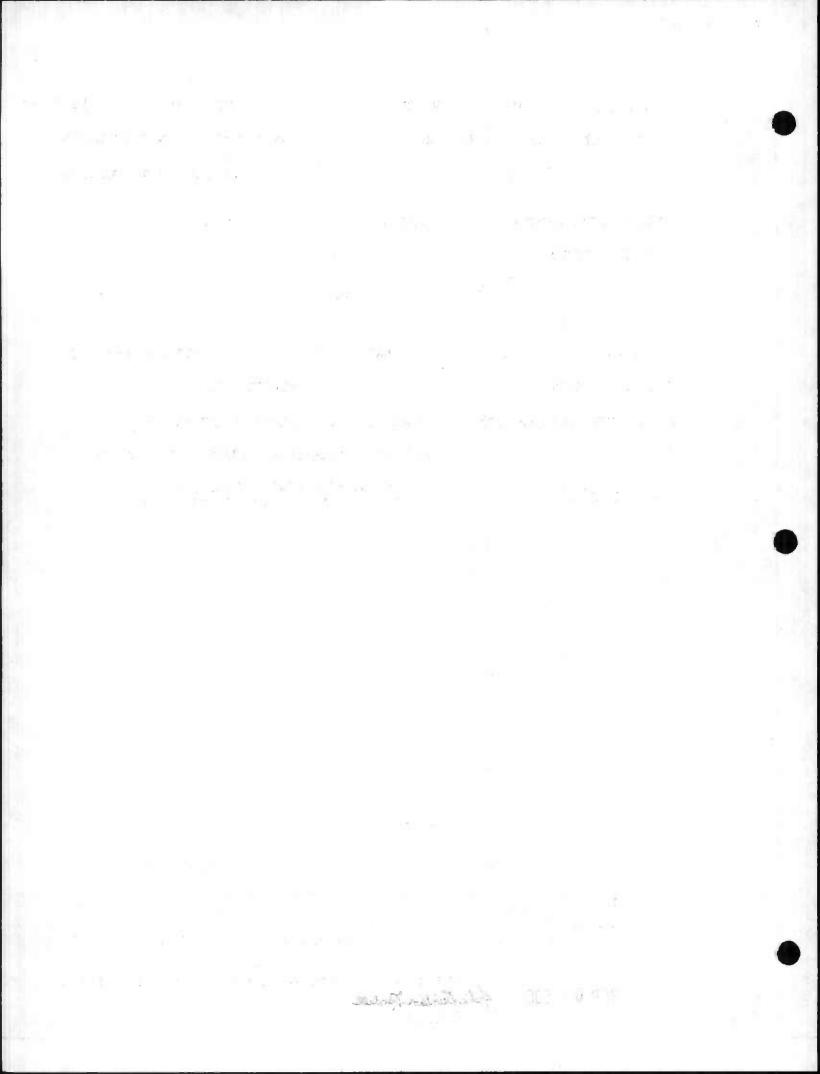
29d. Date signed (Month, Dey, Year) AUG. 29, 1996

State

29e. Certifier (Check only one)

29b. Signeture end title of certifier

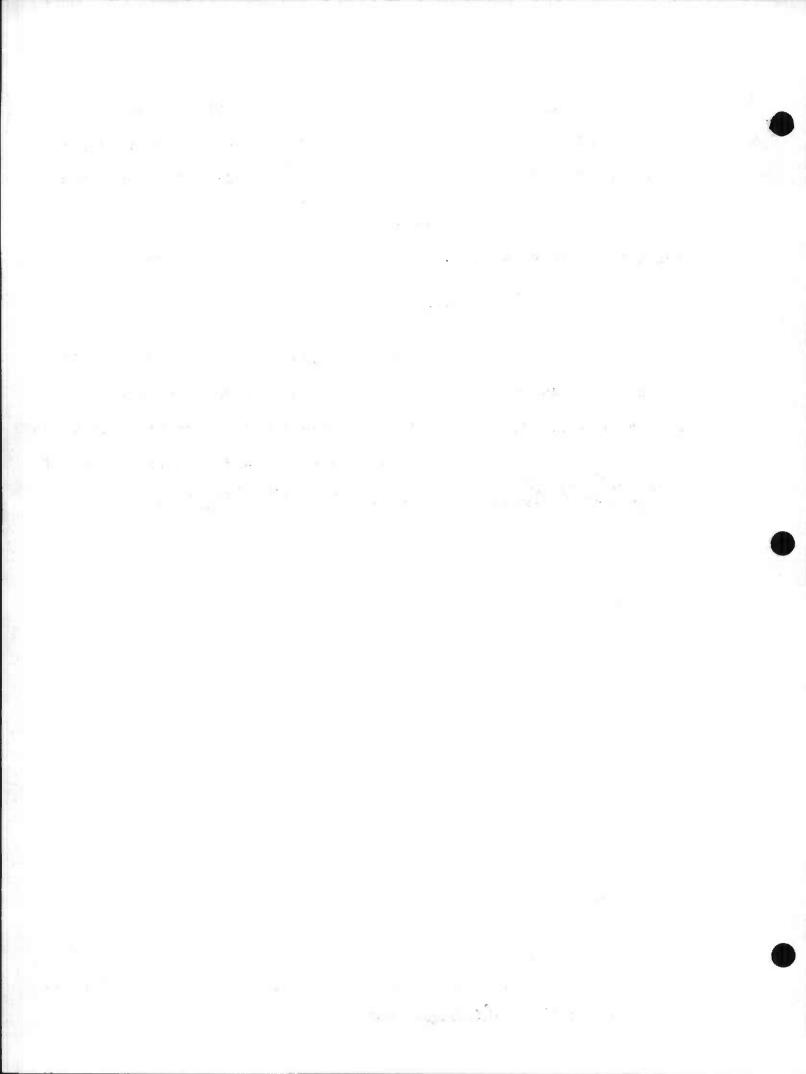
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Q 6

96 27882

					Certi	ficate of	Death	R	leg. No.	0 4	21002
Discolate		1. Decedent's Neme (First, Middle,	Last)					2. Dete of Dee Month	th	Valida	3. Time of Death
Physicia /Medica		JAMES RUM	MEL					AUGUS	Γ 30, 1	996	8:00PM
Examine	_	4a. Facility Name (If not Institution,	iva street end number)				4b. City, Town, or	Location of Death	4c. County		
	3	THE JOHNS H	OPKINS HOSP	ITAL			BALTIMO	RE CITY	BAT.	ттмо	RE CITY
Funeral		5. Sociel Sacurity Number 6		(In yrs. last bir		f Under 1 Yaar fonths Deys			Veer		eleca (Stata or Foraig
Director		516-32-8677 Usuel Residence of Dacedent	1 □XM 2 □ F	65	Yrs.	nontris Deys	Hours Min.	11-2-3			tana
how		10a. Stefa 10b. County		10c. City, Tow	n or Locat	ion				1	0d. Inside City Limit
Ma -	ş	Va. Acco	mack	Atla	anti	С					1 ☐ Yas 2 ☐ N
# 128 7 28	Director	10e. Street and Number				10f. Zip Code		1	0g. Citizen of	What Cour	ntry?
N Kil		Box 419 31014	Cedar Co	VP		2330	) 3		USA		
de de	Funeral	11. Marital Status	12. Wes Decedant E		13. We		Hispenic Origin? (S pan, Maxican, Puer	pecify Yas or No-	14. Rac	a - Americ	
s 1 and 2 should be filed within 72 hours efter deeth with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or flams 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Fu	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?  1 1 Yes 2 N  If Yas, Give Yeer or Detes: K			Yas 20 No		O Hican, etc.)	Specify		
tura Hura	8	15. Decedent's		- I	Deceden	t's Usuel Occu	nation		16b. Kind of B		ite
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12 s h an 7 is r trau				190	. Meiling /		t end Number or Ri				
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		1 ☐ Burial 2 ☒ Cremetion 3	☐Removel from Stete	cematai	y, cremat	ory or other ple		Deta	20c. Location -	- City or To	wn, Stete
men amt: ury		4 □ Donetion 5 □ Other (Spe	oify)	Metro	Cr	emator	y	8/31	Caton	svil	le, MD
permit. Page Department of Important: If any injury or once		21. Signature of Farural Service Lic	90000			ama and Addre		**			
865508		1 Colds	Sum		ва	rranco	& Sons	Funera	1 Hom	е	
	┪	23a Party Enter the disease, or co	mplications that caused	the daath. Do r	not enter t	he moda of dy	ing, such as cardie	or respiretory err	la Par	k MD	Approximate
Physician		or need tellure. List on	ry one cause on eech lin	θ.						i	Interval Between Onsaf and Death
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	ē					nce or):				1	2 weeks
physician and s the buriel-transit	Examiner		b. Left H			1 0				1	2 weeks
a and a second	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	,	Due to (or as a d	consequer	109 01):					
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bed ched	Physician	Part ii. Other significant conditions	contributing to death bu	t not resulting in	the unde	rlying causa gi	ven in Part I.	23b. Did to	obacco use co	ntribute to	the cause of deat
								1 □ Y	es 2 No	3 Prol	bably 4 Unkno
and be	2									T	
been si should	ě							24a. Was a perform		av	ara autopsy tindings allable prior to
has b	٥									of	mpletion of causa death?
0 - 6   5	Completed							1 □ Y	es 2 No	1 🗆	Yes 2 No
delan: The certificate rector, page		25. Wes case referred to medical					26. Place of Dec	ath (Check only on	na)	1	
	0	axa <i>m</i> iner? 1 ☐ Yes 2X No	Hospitei:	nt 2□ER/Ou	toetlent	3□ DOA Ot	han	lome 5 ☐ Raside		er (Snecifi	v)
Phys raid		27. Manner of Deeth	28a. Deta of Injun	/ 28b. 1	ime of	28c. Inju Wo		28d. Dascribe ho			//
- 50 1	፼	1 Netural 5 ☐ Pending 2 ☐ Accidant investiget	on (Month, Dey	Year) II	njury		rk? ]Yes 2∐No				
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re Attending ther deeth. Iractor: After in by the fune		4 Homicide datamine  29e. Certifiar (Check only 2 Medical Ex	Thysician: To the best of	examinetion end	, death oc d/or invest	curred at the ti	<i>m</i> a, data and place opinion, daath occu	rred at tha time, d	ausa(s) and mi ata and place,	anner as si and dua to	ated. the cause(s)
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State of Maryland / Department of Health and Mental Hygiene

27883

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month **Physician** RIGGS SEPT. 9:27 Am JOHN /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Takoma Park Montgomery Washington Adventist Hospital 8. Dete of Birth (Month, Dey, Year) Aug 31,1932 If Under 1 Yeer If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
Maryland 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months Deys Hours 15€M 2□ F 578-42-2655 64 Yre Director Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Silver Spring 1X Yes 2 □ No Director Md Montgomery 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 U.S.A. 20910 8560 Second Ave, Apt# 402 238 deeth Funeral |teme 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Meritel Status permit. Pages 1 and 2 should be filed within 72 hours after 1 Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Iter any Injury or other traumatic avent, the Medical Examinat once. Bleck, White, etc. 12 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes XXNo Specify: by 3 Widowed 4 Divorced Yeer or Detes: Black Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantery/Secondery (0-12) Collage (1-4or 5+) None Laborer 8th Grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Marcellus Riggs Lillie Johnson 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip 2068 37 18707 Jerusalem Church Rd, Poolesville, 19e. Informent's Neme/Relationship (Type, Print) Mrs Juanita Imes (Sister) Md 20b. Pleca of Disposition (Nama of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State IXIMuriel 2 ☐ Cremetion 3 ☐ Removel from State 9/9 Parklawn Memorial Pk. Rockville, Md 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Neme end Address of Fecility Snowden Funeral Home P.A. 20850 Rockville, Md

plicetions thet caused the daeth. Do not enter the mode of dying, such as cardiec or raspiretory errest, one ceusa on each line. 23a. Pert1. Enter the disease, or shock or heart failure. List Physician Immediata Causa (Finel diseasa or condition resulting in deeth) /Medical Years Examiner Physician/Medical Examiner certificate be executed trans Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or injury pue physician el Box 68760. alcoholosin that initieted events resulting in deeth) Last Due to (or es a consequenca of): 88 987 for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Monknown 1 in sufficiency Division of Vital Records, ģ 24b. Were autopsy findings eveilable prior to complation of cause of death? Completed 24e. Wes en eutopsy performed' has page 1 Yes 2 No 1 Yas 2 No certificate 25. Was case referred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 or Attending 5 Pending investigation n 24 hours after death.

e Funeral Director: Aft
bletely filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datermined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Pleca of injury - At homa, farm, straat, factory, offica building, etc. (Specify) 4 Homloide the Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es stated.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end manner stated. edical 29a. Cartifian completely (Check only within 2 To the F one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D36601 DAVID M. BRILL, M.D. 30. Name end eddress of parson who completed cause of deeth (Item 23e), (Type, Print) 0 Takava Park, MD 20912 Carvall 31. Data filed (Month, Dey, Year) 32. Registrar's Signature State

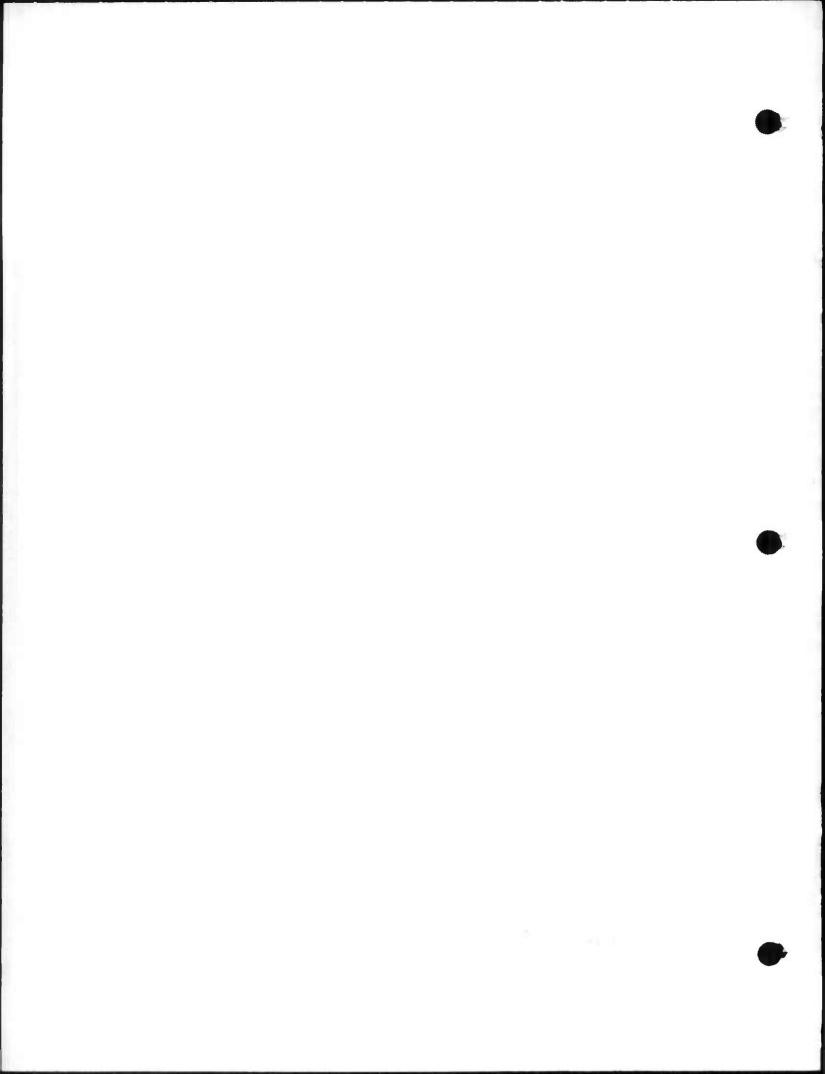
Julie Bridge

SEP 0 6 1996

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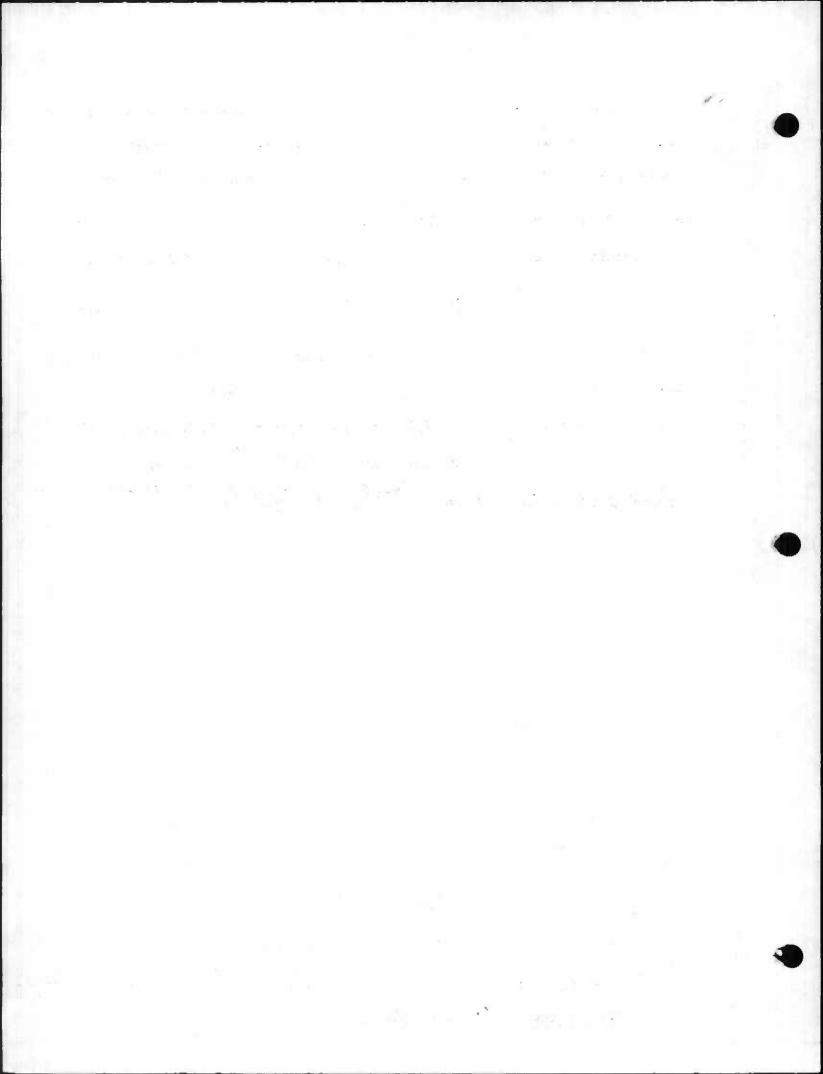
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)			, U	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	Olive Elizabeth Ri	es				sept. 1	-1996 EAR	1:30 P.M M
		. SEX 6. AGE (In		FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
		□ M 2 🛛 F	34 YRS.	ONTHS DAYS	HOURS MIN.	Jan. 9, 1	962 Guy	
œ	9a. FACILITY NAME (If not institution, give street		9		OR LOCATION OF D	DEATH	9c. COUNTY OF	
DIRECTOR	Holy Cross Hospita	<u> </u>		Silver	Spring		Montgo	mery
RE	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY
	Maryland Montgo	mery	01ne	у				1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3325 Tidewater Cou			10	I. ZIP CODE			WHAT COUNTRY?
INE		L. WAS DECEDENT EVER IN	I C ADMED	T 40 1110 201	20832		USA	
F	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	s or No— 14. RAC Black	E — American Indian, ck, Whita, etc.
BY	3 Widowed 4 X Divorced	IF TES, GIVE WAR OR DAT	ES	1 TYES	2 K NO Speci	lly:	Spe	Black
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com-	ION (noleted)	16a, DECEDENT'S US (Give kind of work	UAL OCCUPATE	ON set of working	16b. KIND OF BL	SINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)	at or working			
MP	12	2	N/A			N/	_	
8	17. FATHER'S NAME (First, Middle, Linst) Hubert Alfred Vivia	on Dian				AME (First, Middle, Maider	Surneme)	
BE	19a. INFORMANT'S NAME (Type/Print)	an Kles				Wharton		
임	Jo Anne Ndingsa /	Sister	7888 No.	DRESS (Street )	nd Number or Rurel	Apt. 206,	vn. Stete, Zip Code)	20783
	20s. METHOD OF DISPOSITION	20h B	LACEAND DATEOF				CATION - City or 1	
	1 ☐ Burial 2 💢 Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State Copper	ery, crematory or other	an Cre	natorv			, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENS		/	22. NAME A	D ADDRESS OF F	CUTY Hines-R	inaldi F	uneral Home
	15/12			1180	0 New Ha	mpshire Av	enue	
	23. PART I. Enter the diseases, or com	plications that caused	the desth. Do not	anier the mo	ds of dving, suc	g, Marylan	id 20904	Approximate
	shock, or heart failure. List IMMEDIATE CAUSE (Finel	only one ceuse on eac	th line.		as or aj mg, car		mutory arreat,	Interval Between
		Cartino D	2000		1)			Onset and Daath
	resulting in desth) s	DUE TO (OR AS A C	CONSEQUENCE OF:	1	niegmon			4 weks
z	S	Sepsi S DUE TO (OR AS A C						1 4 weeks
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					
2	CAUSE (Disease or Injury C. —	DUE 70 400 40 4						
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF);					
Ü	d							
AL	PART II. Other significant conditions co				ceuse given in	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	CARDIOMYOPATT		1 Pulm	onary	temor hay	1 D YES :		COMPLETION OF CAUSE OF DEATH?
M	DIABETEI ME				Syndra	ne		1   YES 2   NO
PHYSICIAN:	DID TOBACCO USE CONTRIB				UNCERTAI	N 🗆 📗		
20		OSPITAL:	PLACE OF DEATH (	Check only one) THER:				
₹	1 ☐ YES 2 ☑ NO 1 5	Z Inpatiant 2 ☐ ER/Outpati 28s. DATE OF INJURY	lent 3 DOA 4			8 Other (Specify)		
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	INJURY	WC	RK?	28d. DESCRIBE HOW	INJURY OCCURED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY —	At home, farm, street			261. LOCATION (Street	and Alumbar or Rumi	South Number
COMPLETED	4 Homicide 8 Could not be detarmined	building, atc. (Specify	)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State,	)	rioute Number,
Ë	29a. CERTIFIER (Check only	. To the heat of my beauty				Vice william by		
N N	(Check only one)  2 MEDICAL EXAMINER: O							e) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER							
8	My fel	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della companya della			0 351		▶ 9//	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prid	10)				
	MICHABL SCOTIM	pursa 11	106 SPR	ING J	TREET	21 CNSS 2	print "	01802 (1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE					
	SEP 0 5 1996	the Davidson A	andell					
1,000								DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 96 27885

						Certificate	of	Death		Reg. No.		- 10	00
	Dhunia		1. Decedent's Neme (First, Middle, La	ist)					2. Date of	Deeth	Vana	3. Time	of Deeth
J	Physic /Medi		Curtis A	. Rishel					Augus	Dey 19	Yeer 996	11:3	1 AM
0	Exami		4e. Facility Neme (if not institution, gir					4b. City, Tow	n, or Location of De	ath 4c. Count	y of Deeth		
1	14 120		Suburban Hospita	1				Bethe		Mont	gome	ry	
	Funeral Director			Gex 7. Age 1☑M 2□F	(In yrs. last bir		Yeer Deys	If Under 2 Hours	Min. (Month,	Birth Day, Year) [4, 1907		place (State intry) hio	or Foreign
	yend wo		10e. Stete 10b. County		10c. City, Town	n or Location	-					10d. Inside	City Limits
	the Mar	ector	Maryland Montgom	ery	Ro	ckville	\ada			40-000	110		s 2 No
	eth with	Funeral Director	1916 Rockland Av	enue		10f. Zip C	085	1		10g. Citizen of			
020	within 72 hours efter deeth with the Marylend liene. I than "natural", or Items 23a or 28a-f show the Medical Examinat must be notified at	by	11. Maritel Stetus  1 □ Never Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Yeer or Detes:	1926- 1929	13. Was Deceder If Yes, specify	y Cuba	Ilspenic Orig an, Mexican, Specify:	in? (Specify Yes or Puerto Ricen, etc.)		ick, White	icen Indian, , etc. hite	
21215-0020	C 60	Completed	15. Decedent's E (Specify only highest gra	ducation ade com <i>pleted)</i>	16e.	Decedent's Usuel ( (Give kind of work life. DO NOT use	done	during most	of working	16b. Kind of E			
21	filed within Hygiene.	EO:	Elementary/Secondary (0-12)	College (1-4or 5-	Li	tho-Photo	ogr	apher		U.S. Go	vern	ment	
Maryland	d la b	To Be C	17. Fether's Neme (First, Middle, Last Alva J. Rishel	)				18. Mother	's Name (First, Midd oda Beard	lle, Meiden Surna			
ary	and N Is man		19a. Informent's Name/Reletionship (	Type, Print)	19b.	Mailing Address (S	Street	end Number	or Rural Route Nun	nber, City or Town	, Stete, Zi	ip Code)	
	s 1 and 2 should f Health and Men fem 27 is marke other traumatic		Roger L. Rishel/S	on	75	0 Dogwood	i C	ourt,	Frederick	, Maryla	nd	21701	
ore	of He		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐	Domouol from State	20b. Plece of cemeter	Disposition (Neme y, crematory or othe	of er plac	oek ant	Date 1006	20c. Location			
E I	ment ant: I		4 Donetlon 5 Other (Special		Park1a	awn Memor	ial	Park		Rockvil	le, M	faryla	nd
Baltimore,	permit. Pages 1 end Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funeral Service Licer	,	0198	Robert A	Addre	ss of Facility Pumphr Montgo	ey Funera mery Aven land 208	1 Home/R	lockv	ille,	Inc.
	4 . 1		23e. Pert1. Enter the diseese, or com shock, or heart failure. List only	plications that caused	the death. Do r	not enter the mode	of dylr	, Mary	erdiac or respiratory	30-2805 arrest,		Approxime	ete
7	Physician /Medical Examiner	ler	Immediate Cause (Finel disease or condition resulting in death)			AL (N/	CA	ren	ما			Onset and	Deeth
,	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury	b	Oue to (or es a c	consequence of):							
68760,	that the death certificate be executed ed by the ettending physician and detached for use as the bunal-transit	Medical	Ceuse (Diseese or Injury thet Initiated events resulting In deeth) Lest	c	ue to (or as a c	onsequence of):					-		
Box (	eath certifi ettending for use as	Physician/M		d									
0	t the de by the e	yslo	Part II. Other eignificant conditions of		_		ise giv	en in Pert I.	23b. Di	d tobacco uae co	ontribute t	o the cause	of death?
Д.	es that the igned by be detact		CONVESTIVE	Henry	FAIL	VRE			1 (	□ Yee 2 1 No	3 Pro	obably 4	Unknown
Vital Records,	law requires las been sign e 2 should be	Completed by	DIABETES	MELLIT	VS					es an autopsy rformed?	av Cc	ere autopsy eilable prior ompletion of deeth?	to
æ	te t	E O	ASNIA	9 BRILLAT	700				10	Yes 2 No		□Yes 25	No.
ita		Bec	25. Wes case referred to medical	115101 CC111	. 0/1			26. Piece o	of Deeth (Check onli		1		2110
of <	o s	To	exeminer?	Hospital:	t 2 ER/Out	petient 3 DOA	Oth	00	sing Home 5 Re		ner (Speci	fy)	
	ding h. After fune		27. Menner of Deeth 1 ☐Neturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Day	Year) 28b. T	ime of light 28c light 28c light 28c	injun Wor		28d. Describ	e how Injury occu			
Division	al or Attendest s efter dest il Director: ed in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Injur building, etc.	y - At home, fer (Specify)	rm, street, factory, o	office			(Street and Num. own, State)	ber or Run	a/ Route Nur	n <i>ber</i> ,
	To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical	29e. Certifier (Check only one)	ysician: To the best of niner: On the basis of e end menner state	xaminetion end	deeth occurred et l Vor investigetion, In	the tim	ne, dete and pinion, deeth	plece, and due to the occurred et the time	e cause(s) end m e, dete end plece,	enner es s end due t	steted. o the ceuse(	(s)
C	To the To the Complet	X	29b. Signature end title of certifier	u	up			0 3 6	7	29d. Date signe 8 / 31			
	1 gr.		30 Neme and eddress of person who	completed cause of dee	eth (Item 23e) (	Type, Print) ECUTI	VE	BL	vo R	OCKUIL	ue 1	UP.	2085
	Sta Registr	i.e	31. Dete filed (Month, Dey, Year) SEP 0 4 1	32. Registrer									
P31.48	IN 16 Day CO			0									

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State of Maryland / Department of Health and Mental Hygiene

						$C\epsilon$	ertificat	e of	Death			Reg. No.		
			1. Decedent'a Name (First, Middle,	Last)							2. Date of De	eath	T 11.40	3. Time of Death
	Physic /Mod		KOSA	TERES	- 1		RENO	NE			Month	28	1996	5:15 Am
Y	/Medi Exami		4a. Facility Name (If not institution,				1270		4b. City, To	wn, or Lo	cation of Deal		ounty of Death	
7			Washington Adve	ntist Ho	ospital				Ta	koma	Park	Me	ontgom	ery
	Funeral		Social Security Number	. Sex	7. Age (In yrs.	last birthday	/ If Under Months		-		8. Dete of Bi	irth	9. Birth	place (State or Foreign
	Director		577-78-0507	1□M 2⊠F	58	Yrs.	MOILLIS	Deys	Hours	Min.	May 1,		Cou	Italy
	р.		Usuei Residence of Decedent		40.00		75.							
	aryla shov	-	10e. State 10b. County		10c. City	y, Town or L								10d. tnside City Limits
	Ne M	Director	Maryland Montgo	mery					pring					1 ☐ Yes 21X No
	vith th	급	10e. Street and Number				10f. Zip					10g. Citizen	n of What Cou	ntry?
	a 23a	Funeral	9602 Colesville			2 12			0901					aly
	er de men	- C	11. Meritei Stetus	Armed F		S. 13.	if Yes, spec	dent of H cify Cuba	lispenic Or an, Mexicai	igin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0- 14.	Rece - Ameri Bieck, White,	
20	72 hours after death with the Maryland natural; or Itema 23a or 28a-f show dical Examiner must be notified at	by F	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	if Yes, G Year or E			1 Tes	2∰ No	Specify:			Sp	pecify: Wh:	ite
21215-0020	"natural", or	B	15. Decedent's		Ja (63.	16a Dece	edent's Usua	ai Occun	ation			16h Kind	of Business/In	
15	C	Completed	(Specify only highest	rade completed)		(Giv	e kind of wo	rk done	during mos	it of work	ing	TOD. KING	Of Dusinessin	lousny
212	filed within Hygiene. ther than *	E	Eiementary/Secondary (0-12) 5	Coilege (	(1-4or 5+)		Home		•			0,	wn Home	e
	Hyg ett.	Bec	17. Father'a Name (First, Middle, La	st)						ar's Name	(First, Middle			
10	should be filed of Mental Hygi marked other matic event, I	To B	Sabato Mariaglai	no					M	aria	Netel:	la		
Maryland	2 should be filed within and Mental Hygiene.  E marked other than aumatic event, the M	-	19a. informant's Name/Relationship	(Type, Print)		19b. Mail	ling Addrass	(Straat	and Numb	er or Run	al Route Numi	ber, City or To	own, State, Zi	p Code)
	12 F B		Joseph G. Rende	ŀ	lusband	9602	Coles	svil.	le Ro	ad,	Silver	Spring	g, Mar	yland 20901
J.	of Haz		20a. Method of Disposition			lace of Disp	osition (Nar	ne of	re)		Date	20c. Locati	tion - City or T	own, State
Baltimore,			1 Buriai 2 Cremation 3 4 Donation 5 Nother (Spe	□Removal from  ify) Entom						rv i 8	/31/96	Silve	r Spri	no Marylan
ati	permit. Pag Department Important: any injury o		21. Signature of Funeral Service Lic				22 Name an	d Addro	es of Facili	h.				
m	Deparimpor		18.6.65/1				Franci	Ls J	. Col	lins	Funera	al Home	e, Inc	g, MD 20901
	_		23a. Part1. Enter the disease, or co shock, or heart feilure. List on	mpilications that	ed the deeth	n. Do not er	nter the mod	e of dyin	ng, such es	cardiac	or respiratory	arrest,	Spring	Approximete
d	Physician		shock, or heart feilure. List on	ly one cause or	ligith line.								į	tritérval Between Onset end Deeth
и	/Medical		Immediate Causa (Final diaease or condition	V	0005	· T.		7.1	0					
В	Examiner		resulting In death)	a	Due to to		Zanca ott	fell	une					
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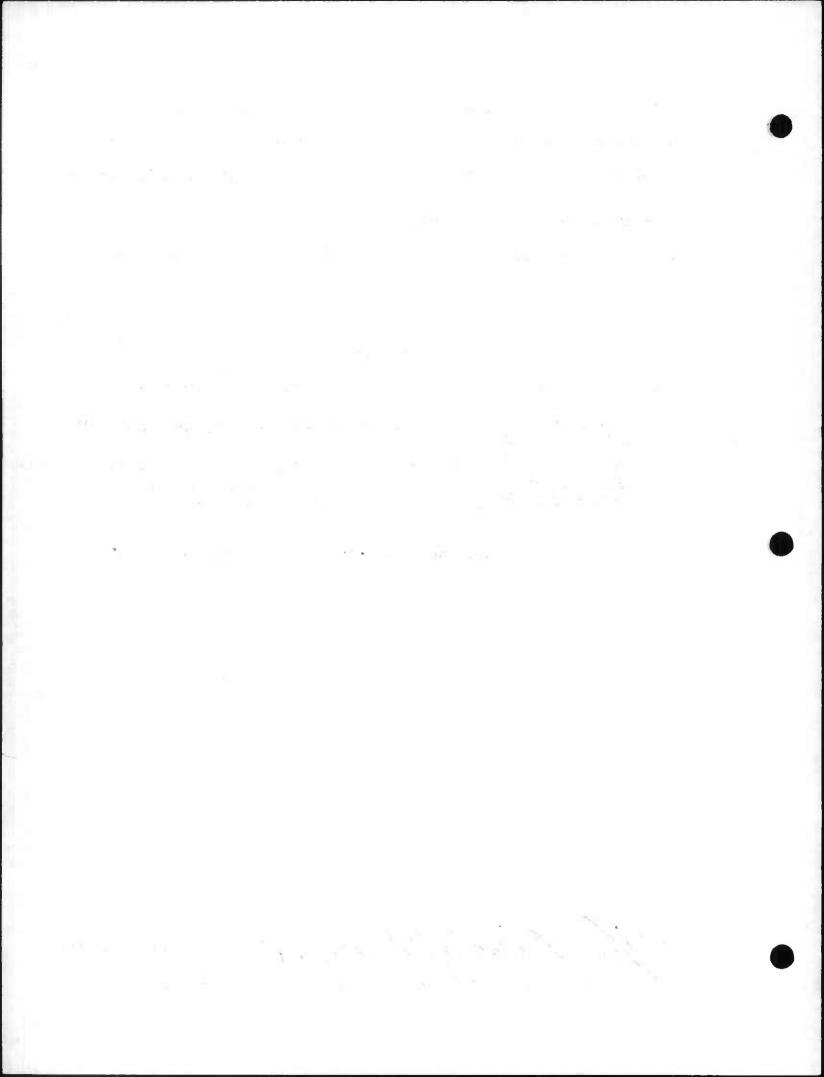
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Funeral			Sex 7 1 □ M 2 🔀 F	'. Age (In yrs. last		if Under Months	1 Yeer Deys		24 Hrs. Min.	8. Dete of Birt (Month, De	h y, Year)	9. Births	piece (Stete	or Foreign
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हम श्रीचा प्रदर्भ । । । स्थेत पार्च Page New Millian Marghan 

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Que

					Certificate o	Dealii	Re	g. No.		
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/Medical		CATHERINE N.					SEPTEMBE	R 1, 19	996 1	L:15 AM
Examiner		a. Facility Neme (If not institution, gh 3204 Spartan Road				4b. City, Town, or L Olney	ocation of Death	4c. County Mont	of Death	
Funeral Director	1	.76-14-3399	Sex 7. Age 1 M 2 F 9	a (In yrs. last b	Yrs. If Undar 1 Yaa Months Dey	ar If Under 24 Hrs.	8. Dete of Birth (Month, Dey, Nov. 22			Stete or Foreig Lvania
Mand Mand	-	suel Residence of Decedent  0a. Steta 10b. County		10c. City, To	wn or Location					side City Limits
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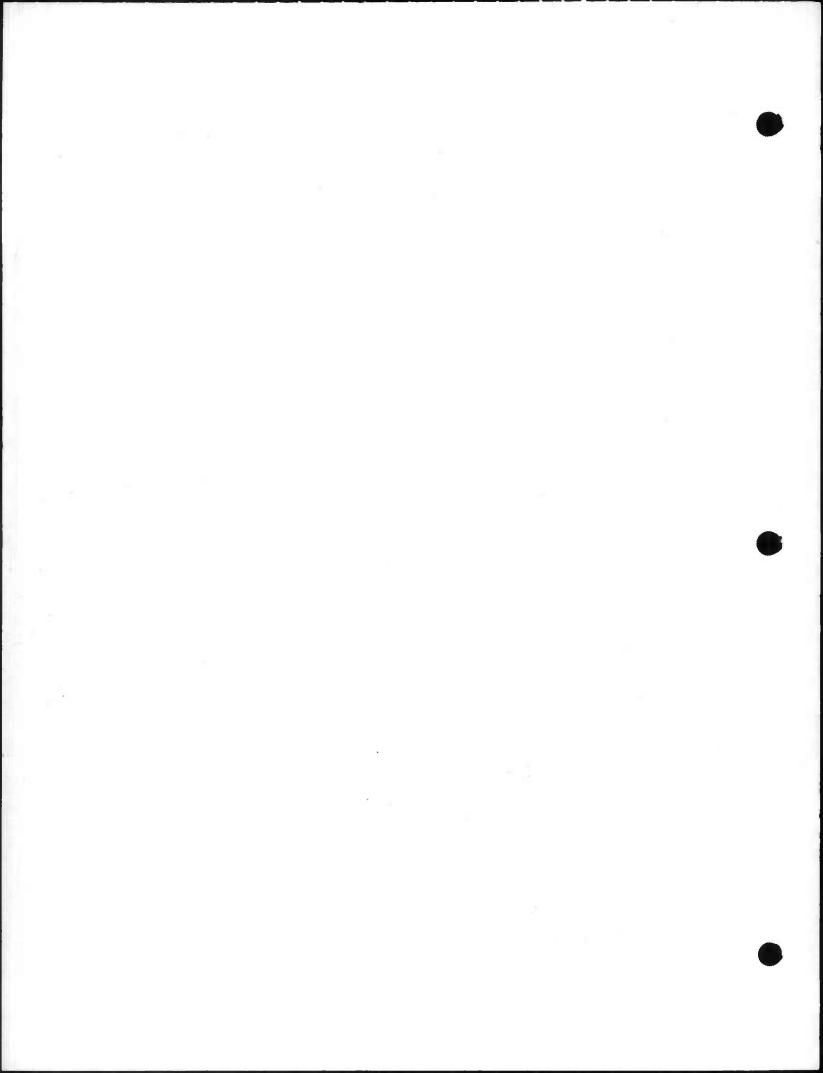
1. DECEDENT'S N		1	-	STATE REGISTR	A
	Ì	,	1. D	ECEDENT'S	N

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	·O.									
DECEDENT'S NAME (First, Middle, Lest)     2. DATE OF DEATH MONTH     MONTH	DAY YEAR 3. TIME OF DEA									
Julius Rosenberg August	30. 1996 7:45P									
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH	BIRTHPLACE (State or )									
577-66-7087   X   M 2   F   86   YRS.   April 19										
9s. FACILITY NAME (if not institution, give sirest and number)  9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY OF DEATH									
Allegis Kensington Nursing Home Kensington  10s. STATE 10s. COUNTY 10s. CITY, TOWN OR LOCATION  Md Montgomery Kensington	Montgomery									
AESIDENCE OF DECEDENT  10c. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INS.										
	10d. INSIDE CIT LIMITS?									
	19 YES 2 10g. CITIZEN OF WHAT COUNTRY?									
3000 McComas Ave. 20895	US									
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13 WAS DECEMBENT OF MICHAEL CONCIN.										
	Black, White, etc.									
m 3 Widowed 4 X Divorced	Specify: White									
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF B	BUSINESS/INDUSTRY									
Elementary/Secondary (0-12) College (1-4 or 5 +)										
3 Own Business Aut	to Salvage									
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  OWN Business  16b. KIND OF B  Aut  16b. KIND OF B  16b. KIND OF B	len Surname)									
Morris Rosenberg Sarah Feldman	n									
Pe. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or R	Town, State, Zip Code)									
Michael Rosenberg 114817 Rocking Spring Dr. Rocky	ille, Md. 2085									
	LOCATION — Cify or Town, State									
4 Donation 5 Other (Specify) King David Memorial Gardens 9/1	Falls Church, Va									
21. SIGNATURE OF FUNERAL SERVICE EXCENSEE 22. NAME AND ADDRESS OF FACILITY										
	Direction									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate										
shock, or heart failure. List only one cause on each line.	Interval E Onset an									
disease or condition Ca Che XI n / Sho Cl C	l h									
DUE TO (OR AS A CONSEQUENCE OF):	100									
Sequentially liet conditions, if any, leading to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):	11 12-3									
Sequentially liet conditions, If any, leading to immediate  DUE TO (QR AS A CONSEQUENCE OF):	C									
Cause Enter UNDERLYING CAUSE (Disease or Injury	YA									
that initiated events DUE TO (QR AS A CONSEQUENCE OF):										
Sequentially liet conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  Out To (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	AN AUTOPSY 24b. WERE AUTOPSY I									
3 Perfo	ORMED? AMILABLE PRIOR									
	2 NO OF DEATH?									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	1 TYES 2 T									
S. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
EXAMINÉR?  1 YES 2 NO  EXAMINÉR?  1 inpetient 2 ER/Outpetient 3 DOA  Nursing Home 5 Residence 6 Other (Specify)										
27. MANNER OF DEATH 288. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW	W INJURY OCCURED									
Natural 5 Pending										
3 Suicide & Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street	et and Number or Rural Route Number,									
LL 4 Homicide determined City or Town, Stet	rte)									
29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and m										
(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation in my colonion death occurred at the time, data and place, and due to the cause(s) and my one)										
	erru due to the cause(a) and menner as									
20h CIONATIINE AND TELE OF CENTIFIED										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)									
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  D 39372	29d. DATE SIGNED (Month, Day, Year) 3 oTh Aug									
296. LICENSE NUMBER D 30. NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF DEATH (I TEM 27) (Tipo, Print)  30. NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF DEATH (I TEM 27) (Tipo, Print)  31. VALUE OF DEATH (I TEM 27) (Tipo, Print)  32. VALUE OF DEATH (I TEM 27) (Tipo, Print)  32. VALUE OF DEATH (I TEM 27) (Tipo, Print)										
29b. SIGNATURE AND TITLE OF CERTIFIER  Provide  29c. LICENSE NUMBER  (D) 3 9 3 7 2										

BALTIMORE, MARYLAND 21215-0020

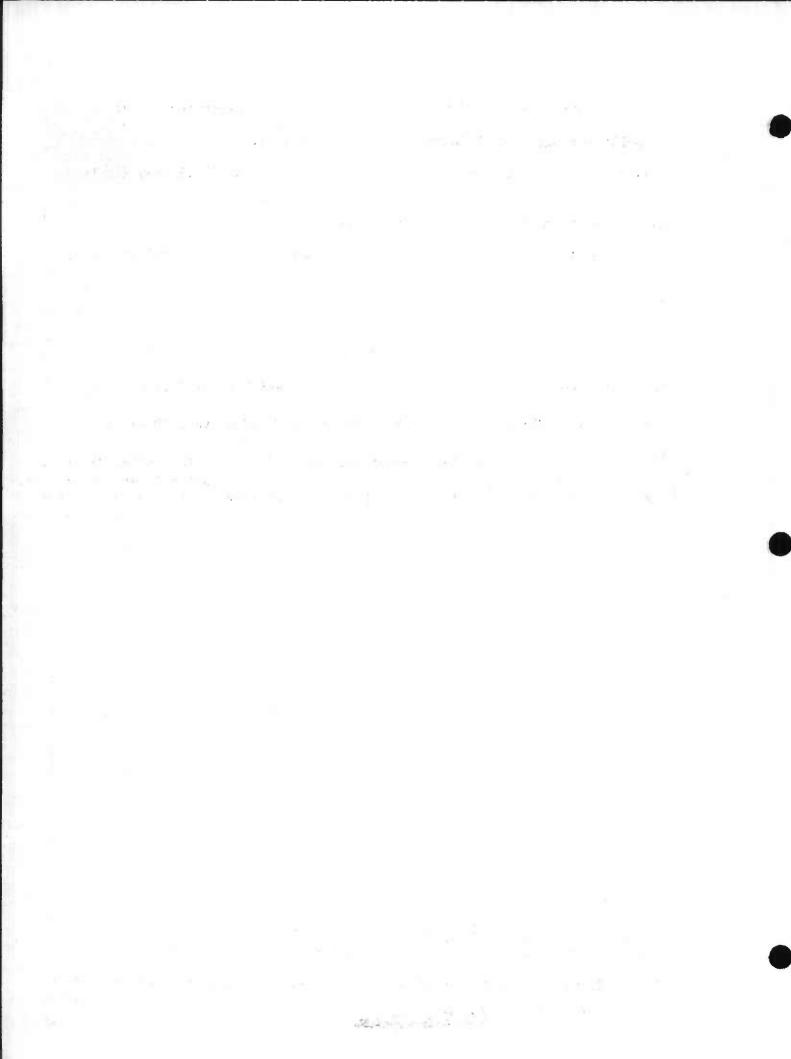
DIVISION OF VITAL RECORDS, P.O. BOX 68760



State of Maryland / Department of Health and Mental Hygiene 96

						Certifi	cate of	Death			Reg. No.		
<b>D</b> haarta		1. Decedant'a Name (First, Middle,	, Last)		T					2. Data of De		Vaar	3. Time of Death
Physic /Medi		Louise	e A	San	ds					Septen	ber 1 1	996	1PM
Exami		4e. Facility Nama (if not institution,		4b. City, To	wn, or Lo	cation of Deet	h 4c. County	of Death					
=xa		Annapolis Nurs:	ter						Ann	e Arı	ınde1		
Funeral	117	5. Social Sacurity Number	6. Sex	7. Age (In yr	s. lest birth		Jnder 1 Yaer			8. Deta of Bi	rth	9. Birth	place (State or Forei
Director		212-44-7320	1□M 2□F	90	Yr	s. Mo	nths Days	Hours	Min.	April	13 1906	Mary	land
D		Usuel Residence of Dacedant										-	
ylan H M		10a. Stata 10b. County		10c. (	City, Town o	or Locatio	n						10d. Inside City Limi
Mar Fied	to	MD Anne	Arunde1		A	nnap	olis						1 Yas 201
72 hours after death with the Maryland naturel; or items 23s or 28s-f show digst Examiner must be notified at	Director	10e. Street and Number				-	of. Zip Coda				10g. Citizen of	What Cou	ntry?
3a o	0	2 Pafel Road					2	1401			Unit	ed St	tates
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Department of Findontal trips and injury or of once.		4 □ Donation 5 □ Other (Sp			par/ B	luff	Cemet	ery	9/4/9	96	Annapol	is, N	Maryland
and a	(	21, Signature of Funeral Service L	Opnsee //	111	/	22. Na	me end Addre	ess of Fecili	John	M. Tay	lor Fun	eral	Home, In
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To the	Σ	29b. Signeture and tale of certifier	/ //				29c. Licans	sa number			29d. Data signe	d (Month,	Day, Year)
		11/12 K	11/1	1	1)		D051	92			Septemb	er 3.	1996
		30. Name and address of person w	ho complated cau	se of death //in	em 23e) (Tv	/pe, Print					-1-33	-,	
		Richard I. Hoo						Annan	olis	MD 21	401 (410	0-263	3-0770)
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**DHMH 16 Rev 6/95** 



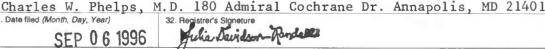
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dale of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Day Month **Physician** September 2 1996 Evelyn Rebecca Trunnell Smith 4:45PM /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Meridian Health Care Center, Spa Creek Annapolis Anne Arundel 8. Date of Birth (Month, Day, Year) Sept 17 1909 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** Days 1□M 2Ĭ F Months Hours Director 577-10-5817 Washington, D.C Usual Residence of Decedent the Meryland 10a, State 10b. County 10c. City. Town or Location show 10d. Inside City Limits d other than "natural", or Rema 23a or 28a-f show event, the Medical Examinar must be notified at 1 Yes XX No Director Anne Arundel 10e. Street and Number 10f. Zip Code 10c. Citizen of What Country? 3116 Newcastle Lane Riva, Maryland 21140 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours aftar Hygiena. other than "natural", or ite 1 □ Never Married 2 □ Married 1 ☐ Yes 2 ☐ No If Yes, Give XX Year or Deles: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Wo Specify: Specify: White þ 30Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Home permit. Pages 1 and 2 should be fit.
Department of Health and Mental Hy
Important: If Item 27 is marked other
any Injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be 2 Isaac Trunnell Victoria A. Portch 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3116 Newcastle Lane Barbara C. Rephann-Daughter Riva, Maryland 21140 20a. Method of Disposition
1 Deniel 2 □ Cremetion 3 □ Removel from State 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State Date 4 ☐ Donetion 5 ☐ Other (Specify) Arlington National Cemetery 9/10/96 Arlington, Virginia 22. Name and Address of Facilityohn M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onsel and Deeth **Physician** Immediate Cause (Finet disease or condition resulting In death) /Medical 10 Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initisted events resulting in deeth) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of): 60 attending for usa as P.O. ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed to Records, þ been sig 24b. Were autopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Attending Physician: Be 25. Was cese referred to medicel axaminer? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2XNo 2 this 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Aftar 1 Natural 5 Pending death. 1 Yes 2 No 2 Accident Investigation Director: / 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) To the Hospital or Att within 24 hours aftar d To the Funeral Direct completely filled in by 4 | Homicide Medical 29a. Certifler 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) (Check only and manner stated. 29b. Signature and tale of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

SEP 0 6 1996

31. Date filed (Month, Day, Year)

30. Name and address of person who completed chuse of deeth (item 23a) (Type, Print)



September 5, 1996

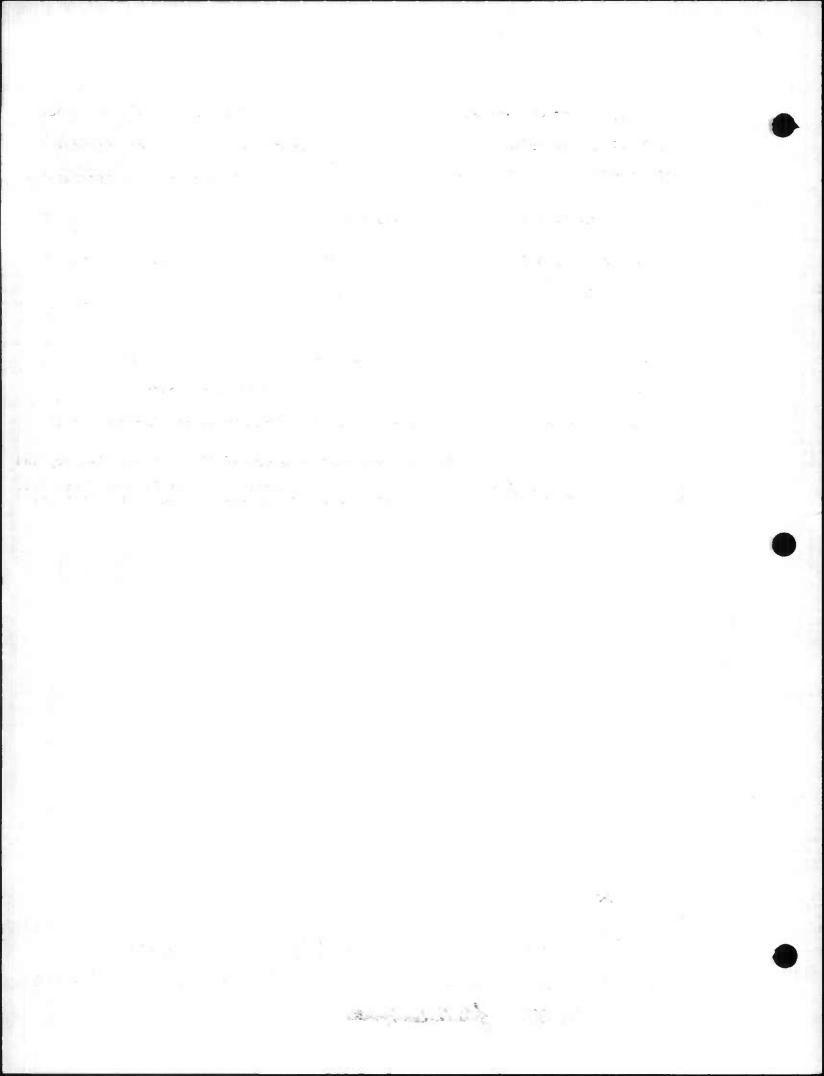
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State of Maryland / Department of Health and Mental Hygiene

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	/Medi			ry Gertr					1 44	Oh. Ta		Septemb			10:30AM
A	Examir	ner	4a. Facility Neme	e (If not institution, ;	give street end n	umber)			40	o. City, 10	wn, or Lo	ocation of Death	4c. County	of Deeth	
			1891	Lindamoor		Anna		S	An	ne A	rundel				
	Funerai		5. Social Security	y Number 6	. Sex	7. Age (In yrs.	last birthdey)	If Under 1 Y Months D	eys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day	Year	9. Birth	plece (State or Foreign intry)
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	To the Hospital or Attending Phwithin 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	Certification:													
	To the Hospital within 24 hours : To the Funeral I completely filled		29e. Certifier	Certifying	Physician: To th	e best of my kno	wiedge, deet!	occurred et th	ne time	e, dete en	d plece,	and due to the	euse(s) and m	anner es s	stated.
	P Fu	edical	(Check only one)	2 Medical Ex	aminer: On the t	pasis of examina	tion end/or In	vestigetion, in	my opl	nion, dea	th occurr	red at the time,	date and plece,	end due t	to the cause(s)
	thin the	Me									- T	29d. Date signe	ad (Month	Day Yearl	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

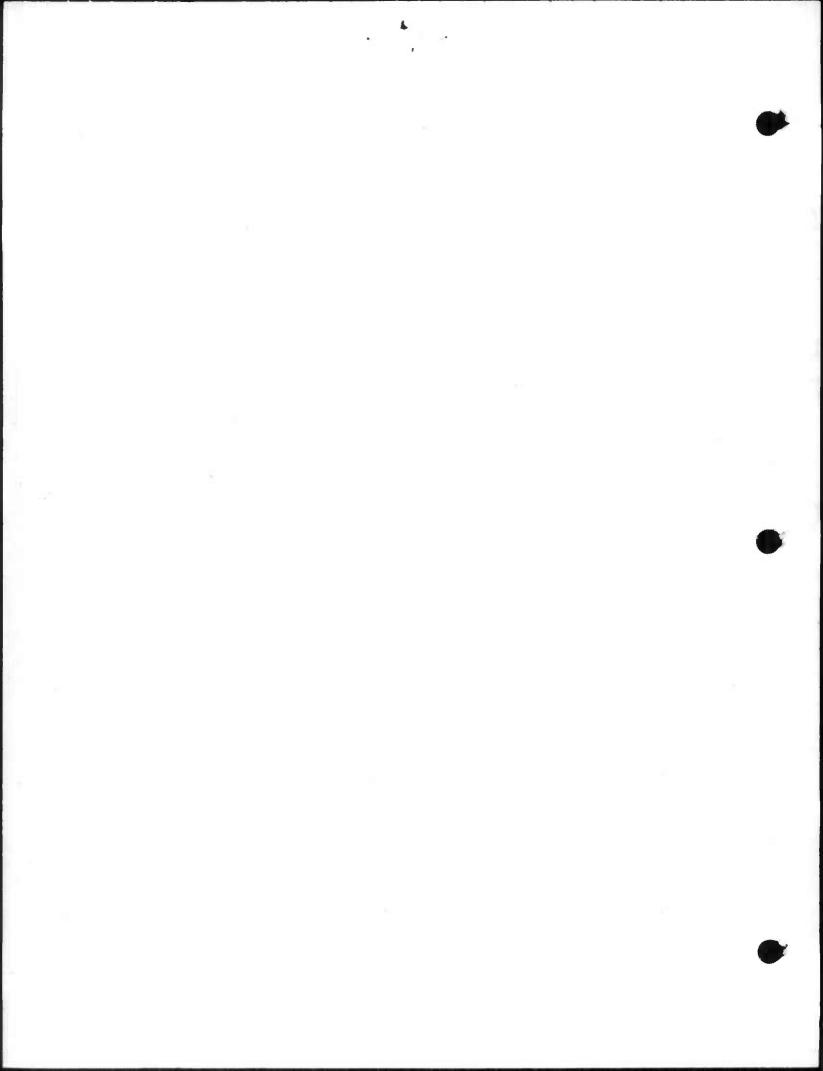
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEA		3. TIME OF DEATH							
	JAMES MONROE	STAMP	ER, SR	•		MONTH Cook only	DAY	0.000					
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (	(In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	September 7. DATE OF BIRT			9:00PM M				
	220 16 2402	₩ 2 □ F 76	YRS.	MONTHS DAY		(Month, Day, Ye	ar)	Coun	itry)				
	229-16-2499 19a. FACILITY NAME (If not institution, give street		11.0.			June 16		_	Virginia				
~					N OR LOCATION OF DE	EATH	9c. C	DUNTY OF	DEATH				
<u> </u>	VA Maryland Healt	n Care Syst	ems	Perry	Point			Cecil					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40- 0179	TOWN OR LO									
<u>E</u>	Maryland	Harford	IOC. CITY	, IOWN ON LO					10d. INSIDE CITY LIMITS?				
		nariord				ewood			1 YES 2 NO				
₹	10e. STREET AND NUMBER				101, ZIP CODE		10g. (	ITIZEN OF	WHAT COUNTRY?				
FUNERAL	572 Jamestown Co	urt			21040	)		Ţ	JSA				
5		2. WAS DECEDENT EVER IN		13. WAS 0	ECENDENT OF HISPAN	NIC ORIGIN? (Speci	y Yes or No-	14. RAC	E - American Indian,				
	1 Never Married 2 Married	FORCES? 15 YES			specify Cuban, Maxica 'ES 2 NO Specifi		L)	Spe	ck, White, etc.				
ВУ	3 Widowed 4 Divorced					,		4	white				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S	JSUAL OCCUP	TION	16b. KIND O	BUSINESS/	NDUSTRY					
E I		College (1-4 or 5 +)	life. Do NOT use	ork done during retired.)	most of working								
립	12		Tr	ack Dr	iver	Oi.							
9	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, M							
	Grover Clev	veland Sta	mnar			ie Etta		,					
BE	19e, INFORMANT'S NAME (Type/Print)	· ozala bea		1000F00 (0)				1					
2	Carolyn Lee Turner	r			et and Number or Rural I								
					own Court,								
	20a. METHOD OF DISPOSITION 1 Duriet 2 X Cremetton 3 Remove	I from State Com	PLACE AND DATE O	F DISPOSITION	(Name of	OATE 20	LOCATION	— City or T	own, State				
- 1	4 Donation 5 Other (Specify)	R	. A. Feri	CIS & (	Co., Inc. 9/8/96 West Chester, PA								
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	150		1 22 NAME	AND ADDRESS OF EA	CHITTY		neral Home, P.A.					
- 1	- alkludol	M and	40	127	Coloralisas	onas III	rune	ral H	lome, P.A.				
	23 PART I Finer the dischard or com	onlications that caused	Liberdooth Do a	131	Cokesbur	y Road,	Abing	don,	Md. 21009				
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Batw												
			acii iiije.						Interval Batween				
	IMMEDIATE CAUSE (Finel	t only one one of the	ich inje.						Onset and Death				
		Lung Cance	er						Onset and Death				
	IMMEDIATE CAUSE (Finel disease or condition	Lung Cance		):									
N	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lung Cance	er	):					Onset and Death				
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NAME AND ADDRESS OF PERSON WHO CO	DUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO (OR AS A  OUE TO	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQ	tha underly  I tha underly  I (Check only or  OTHER:  I Nursing H  OF 28c.  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State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate of	Death	Re	g. No.			
ľ	T		1. Decedent's Nama (First, Middla, La	st)				2. Data of Deat	h		3. Time of Death	
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Y	Examir		4a. Facility Nama (tf not institution, given	ra street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death		
			Washington Adven	tist Hospital			Takoma P	ork	Montg	Omer	V	
	Funeral		5. Social Security Number 6. 8		last birthdey)	If Under 1 Yeer Months Days		8. Dete of Birth (Month, Day,	T	9. Birthp	laca (Steta or Foraign	
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	with with					10f. Zip Coda		11	og. Citizan of W		itry?	
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2	and pailth n 27		Robert Garrett S			oyd Aven	ue Takom	a Park,	Marylan	d 20	912	
altimore,	of He		20a. Mathod of Disposition 1 X Burial 2 ☐ Crametion 3 ☐		Placa of Dispo cemetary, cre-	osition (Nama of matory or other pla	ace)	Data /10/96	20c. Location -	City or To	wn, Stata	
Ĕ	Pag nent ant: i		4 Donation 5 Other (Special		ington	Nationa	1 Cemeter		rlingto	n.Vi	rginia	
a	permit. Pages 1 and 2 should by Department of Health and Menta Important: If item 27 is marked any injury or other traumatic en <u>once.</u>		21. Signature of Funerel Sarvice Lice		2:	2. Name end Addr	ess of Facility				0	
m	80 = 99		I'm other	9 (amobel	/ Fr	ancis J. O Univer	Collins : sity Blvd	uneral .	Home, L	nc.	and 20901	
Н	200		23a. Part1. Entar tha diseese, of com shock, or haart failura. List only	plications that causad the daar	th. Do not an	tar tha moda of dy	ing, such as cardiac	or raspiratory arra	est,	41,1	Approximata interval Between	
Я	Physician		one of the transfer and only	oria occor orracor mic.						4	Onsat and Death	
	/Medical		Immediata Cause (Final disease or condition	Car	-dio	12000	lar ?	-02 K	9000		Ihr-	
п	Examiner		resulting in death)	Q.	or es e conse						The.	
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	rificate be executed ng physician and as the burial-transit	хап	Sequantially list conditions, if eny, laading to immadiata	Dua to (	or as a conse	quence of):						
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0	law requires that the death ce as been signed by the ettendi o 2 should be detached for use	Physician/	Part II. Other eignificant conditions of	ontributing to death but not ras	suiting in the u	inderlying causa gi	IVAN IN PART I.	236. Did to			the cause of death?	
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Vita	iclan: The certificate rector, pag	0	25. Was casa raterred to medical				26. Placa of Deal				2010	
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Division of	after death after death Director: /	iffic	3 Suicida 6 Could not b	a con New distance and	oma, farm, st	reet, factory, office	1	28f. Location (St.	Location (Street and Number or Rural Routa Number City or Town, State)			
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	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical	29a. Cartifiar 1 Cartifying Ph	ysician: To the best of my kno niner: On the basis of examine	wiadga, daat	h occurred at tha t	ima, data and place,	and dua to the ca	iusa(s) and mai	nner as s	tated.	
	the H in 24 the F		one)	and manner stated.	ation and/or in	ivastigation, in my	opinion, daeth occur	red at the time, or	sta ario piaca, e	na aue to	) tha cause(s)	
	Vit To To	Σ	29b. Signatura and titla of certifiar	0		29c. Lican	sa number	2	9d. Date signed	(Month,	Day, Year)	
	10			Sale	~ ~	De De	23.4C		Soft	2	1996	
	1		30. Nama and address of person who	-				4	-		Bes ~	
			31. Deta filed (Month, Day, Year)	20 Pagiotrada Signa		त्र का	s consi	n Aco		, Se. (	( woods	
	Sta Registr		SEP 0 4 19	32. Ragistrar's Signi	down B	ndelle						
		-	3EP U 4 13	30								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 9:33 PM AUG 30 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Suburban Hospital Bethesda Montgomery 5. Social Security Number 6 Sex If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Days Months Min 1⊠M 2□ F Hours 220-70-3533 82 Yrs. June 6, 1914 Cuba Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 No Maryland | Montgomery Bethesda 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4521 East West Highway #1501 20814 Cuba 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give 1 Yes 2 No Specify: rr Yes, Give Year or Dates: Specify 3 Widowed 4 Divorcad Cuban White 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Upholsterer Upho1stery 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Jose Sarduy Angela Yera 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Maria E. Sarduy/Wife 4521 East West Highway #1501, Bethesda, MD 20814 20b. Piece of Disposition (Name of cametery, crematory or other place) Sept. Montgomery Crematorium, 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 【Cremation 3 ☐ Removal from State 1996 Inc. 4 ☐ Donation 5 ☐ Other (Specify) Bethesda, Maryland Robert A. Pumphrey Funeral Home/ 755/ Wisconsin Avenue Bethesda, Maryland 20814-3501 21. Signatural of Funeral Serviced Idenses Bethesda-Chevy Chase, Inc. M00198 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Finel disease or condition resulting in deeth) WK Due to (or as a consequence of) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Deeth (Check only one) examiner? 1 Ø Yes 2 □ No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28a. Date of Injury (Month, Dev Year) 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 2 1 No 1 Yes AUG 23 96 FELL HOME 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) HOMB 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

P.O. Box 68760. Records, Division of Vital

The lew requires that the death certificete be executed

or Attending Physician:

Hospital

\$

**Physician** 

/Medical

Examiner

**Funeral** 

Director

7 is marked other than "natural", or items 23a or traumatic event, the Mexical Examinal must be i

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Pages 1 and 2 should be f nent of Health end Mentel I

permit. Pages 1 and 2 sh Department of Health end Important: If Item 27 is m any Injury or other traum

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arphiBaltimore, Maryland 21215-0020

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edical

27. Manner of Deeth

1 Netural

2 Accident

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29a. Certifier

4 Homleide

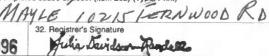
(Check only one)

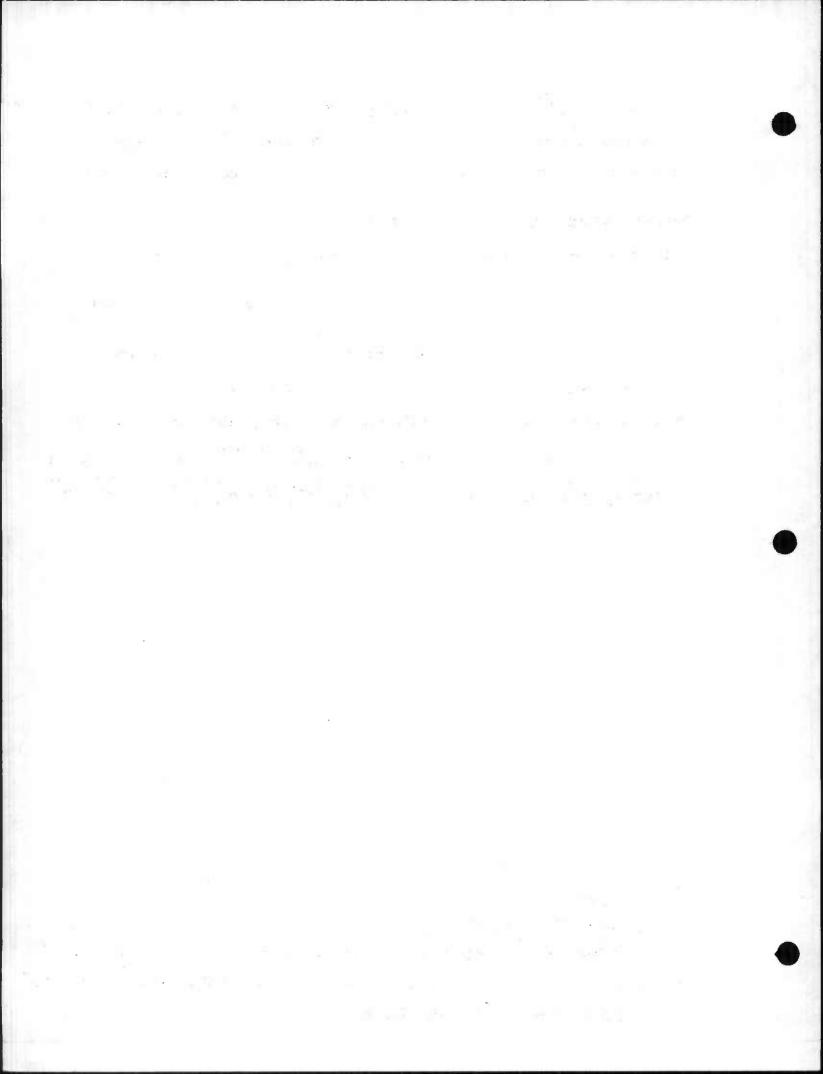
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31. Date filed (Month, Dey, Yeer) State Registrar

SEP 04

30 Name and accress of person who completed cause of peeth (Item 23a) (Type Print)





State of Maryland / Department of Health and Mental Hygiene 96 27896

						Cei	tificate o	f Death			Reg. No.			
ī			1. Decedent's Neme (First, Middle, Last)								th		3. Time of Eleath	
	Physic /Medi			Edward			August	t 31, 1996		7:55 PM				
	Exami		4a. Fecility Neme (If not institution, give	street end number)				4b. City, To	wn, or Lo	ocation of Death				
7			15521 Norwegian Court						ie		Prin	ce Geo	orge's	
П	Funeral	Г	Social Security Number     6. Security Number	7. Age	(In yrs. le	esf birthday)	If Under 1 Ye Months Dev		24 Hrs. Min.	8. Dete of Birt (Month, De	h Vees	9. Birthpie	ece (Stete or Foreign	
8	Director		214-30-2213	M 2UF	68	Yrs.	MONUTS Deg	rs Hours	IVIII I.	July 1	1928	Vir	ginia	
	g .	1	Usuel Residence of Decedent		40- 00-	T								
	anta show show	-	10e, Slete 10b. County			, Town or Lo						10	od. Inside City Limits	
	Ith the Maryla or 25s-f sho a notified at	cto	Maryland Montgome	ery	Sil	Lver S							1 □ Yes 2 No	
	長る質	늄	10e. Street and Number				10f. Zip Code				10g. Citizen of V	What Count	ry?	
	w 23s must 1	rai	1714 January Dri				2090				United			
	ner des Rema Der m	Funeral Director	11. Maritei Stetus	12. Wes Decedent E Armed Forces?			Ves Decedent of Yes, specify C	f Hispanic Ori uban, Mexican	gin? (Sp i, Puerto	ecify Yes or No- Rican, etc.)		e - Americe ck, White, e		
20	100	by F	1 ☐ Never Merried 2 ☐ Merried  3 ☐ Widowed 4 ☐ Divorced	1) Yes 2 No If Yes, Give Yeer or Detes:			I□Yes 2X□N	lo Specify:			Specify	/:		
Maryland 21215-0020	Thou and a		15. Decedent's Ed		195		lent's Usuel Occ	cupation			16h Kind of Br		white siness/industry	
15	in 72	Be Completed	(Specify only highest grad	de completed)		(Give	kind of work do	ne during most	t of work	ing	TOD. KING OF DE	23111033711100	Jolly	
212	the second	E O	Elementery/Secondery (0-12)	College (1-4or 5-	<del>+</del> )	Route	Salesm	an			Dry Cle	eaning	1	
D	H H H	O	17. Father's Neme (First, Middle, Last)			110000	00200		r's Neme	e (First, Middle,	Meiden Sumer		,	
a	Manta Manta arked affic ev	To B	Edward Cecil Fr	razier				Lotti	ie :	Тарр				
5	should b nd Ments marked umatic e	-	19e. Informant's Neme/Rejetionship (7	ype, Print)		19b. Meilir	g Address (Stre				er, City or Town,	State, Zip (	Code)	
Ξ	r tra		Sheryl A. Durnbau	ugh			Norweg				, MD 207			
ē,	f Health Health Nem 27 other t		20e. Method of Disposition	<u> </u>	20b. Ple	ece of Dispo	sition (Neme of		Ė	Dete	20c. Location -		vn, State	
Baltimore,	8 = 5		1 Buriei 2 Cremetion 3 4 Donetion 5 Other (Specify				netory or other p e Crema		O.	-1-96	Beltsville, Maryland			
丰	permit. Pa Departmen important: any injury ance.		21. Signeture of Funeral Service Licens								, P. A.			
ñ	Page 1		2000-	11 /2	/							10 000	22.0	
	-	Н	23a. Pert1. Enter the disease, or comp	lications that caused t	the death						oring, N		Approximete	
1	Dhualalan		shock, or heert feilure. List only of	ne ceuse on each line	B.	DO NOT ONE	51 (110 111000 01 0	lying, such es	cardiac (	or respiratory er	1631,		Interval Between Onset and Deeth	
	Physician /Medical	Ш	Immediate Ceuse (Finei	cancer	cancer of thus with liver metastasis 10 man									
	Examiner	Н	disease or condition resulting in deeth)	6										
		Examiner		b										
	eath certificate be axecuted attending physician and for use as the burial-transit		Sequentinity list conditions											
Ó	axec an an rial-tr		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury											
68760,	ite be	edical	thet initiated events	CDue to (or es e consequence of):										
99	ntifica ng ph as ti	Med	resulting In deeth) Lest									į		
Box	th cer endir r use	ar.		d								i		
	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	Physician	Pert II. Other significant conditions co	ntributing to death but	t not resuit	ting in the ur	derlying ceuse	given In Part I.		23b. Did 1	obacco usa co	ntributs to 1	the cause of death?	
P.0	at the	Phy								10	788 2 No	3 Probe	ably 4 Unknown	
	signed to	by												
Records,	v require been si should										an autopsy med?	24b. Wer avei	re eutopsy findings ileble prior to	
ec	has be	ple										of de	pletion of ceuse eath?	
<u> </u>		Completed								101	es 2 XNo	10	Yes 20 No	
of Vital	Physician: The this certificate ral director, pag	Be	25. Wes cese referred to medical exeminer?					28. Piace	of Deet	h (Check only o	ne)			
5	G 00 Z	ဥ	1 ☐ Yes 2 No	Hospitei: 1 🗆 Inpatien	t 2 🗆 E	R/Outpatien	3□ DOA	Other: 4 Nu	rsing Ho	me 5 Resid	lence 6 Oth	er (Specify)	)	
ם	ng Ph fter th ineral		27. Manner of Deeth  1 Neturei 5 ☐ Pending	28e. Dete of Injury (Month, Day		28b. Time of Injury	28c. In	jury et Vork?		28d. Describe h	ow injury occur	red		
Sio	Attending or death.  ector: After by the fune	ati	2 ☐ Accident investigation			cir.	M 1	Yes 2 1	No					
Division	r Att	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injur building, etc.	ry - At hon (Specify)	ne, ferm, stre	et, fectory, offic	<b>:</b> 8		28f. Location (S City or Tox	itreef end Numb n, Stete)	er or Rural	Route Number,	
	ftal o													
	tosp 4 hot fune ely fil	cal	29e. Certiflier (Check only  Check only  Continuous Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.  Check only  Medical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause									ited.		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Medical	one)	tion end/or investigation, in my opinion, death occurred at the					e time, dete end plece, and due to the cause(s)					
	N N	~	29b. Signature end title of certifier	Fig. 410 $0$ 29c. License number $0 \ge 146 \ge 9$ 29d. Dete signed $0 \ge 146 \ge 9$							-	ey, Year)		
	5		30. Name end eddress of person who of	ompleted ceuse of dec	eth (Item 2	23e) (Type, I	Print) Deck	Park Dr. Silver Spring, MD 20902						
								ال ٠٠٠	104	7,	1117 20	, , , , ,		
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer	's Signetu	ire 😘	2 43							
	Registr		SEP 0 3 199	6 Julia	David	son-Han	CANE.							
DH	MH 16 Rev 6/9	5		U										

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									Health and Death		Reg. No.		ta 1 0	91
	Dhusia		1. Decedent's Nama (First, Middle, L	ast)						2. Date of D Month	eath Day	Year	3. Time of 0	Death
e	Physic /Medi		Elizabeth Na	omi Sewar	rd					Sept.	4, 19	96	5:40	a.m
3	Exami	ner	4a. Facility Nama (If not Institution, gi						4b. City, Town, or		,			
			Mallard Bay Ce						Cambri			orch	ester	
Ĺ	Funeral Director		5. Social Security Number 6. 214-07-9960  Usual Residence of Decedent	Sex 7. Ag 1□ M 2 F	e (In <i>yrs. l</i> es 91	Yrs.		Days			irth ay, Year) ), 1905		place (Steta or ntry) 'yland	Foreign
	and and		10a. State 10b. County		10c. City, 7	Town or Loca	ation					T.	10d, Insida City	v Limits
	Many February	Po	Maryland Dorch	ester		Cam	hri	dqe					1 🗆 Yes	**
	7 28s	Director	10e. Street and Number	0000	1	- Oun	_	p Code			10g. Citizen of \	What Cou	ntry?	
	h wit		1201 Stone Bo	undary Ro	d.				21613		U	.S.A		
	ours efter deeth with the Marylan el', or itema 23a or 28s-f ehow Examinet must be notified at	Funeral	11. Marifal Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. W	as Dece	dent of l	Hispanic Origin? (S van, Maxican, Puerl	pecify Yes or N	o- 14. Rac		can Indian,	
3	or h		1 ☐ Never Married 2 ☐ Married	1 Yes 2				2 X No		o rucan, etc.)		ck, White,		
002	urel'.	d by	3 X Widowed 4 □ Divorced	Year or Detes:				243110	эреспу.		Specify	. W	hite	
715-0020	within 72 hours efter deeth with the Maryland ene. than "naturel", or itema 23a or 28e-f ehow then "naturel" or itema 25a or 28e-f ehow he Medical Examiner must be profiled at	Completed	15. Decedant's E (Specify only highest gi	ducation ade completed)	1	16a. Decede (Give ki	ind of w	al Occu ork done	pation during most of world)	rking	16b. Kind of B	usiness/in	dustry	
_	d withir piene. r than	dmo	Elementary/Secondary (0-12)	Collage (1-4or !	5+)	_		res			G	arme	nt	
0	77 70 10 10	Ö	17. Father's Name (First, Middle, Las	t)		500	41110		T	me (First, Middle	e, Meiden Suman		.11.6	
yland	ked of	To Be	Robert Henry	Wheatley					Ag	nes Mo	ore			
Mary	2 should be and Mentel is marked is aumatic ev	-	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailing	Addres	s (Stree	rend Number or Ru	ural Route Numi	ber, City or Town,	Stete, Zij	Code) 21	613
3	s 1 end 2 should be filed I Heelth and Mentel Hyg tem 27 is marked othe other traumatic event,		Betty Lee Park	s/Daught					Boundar					
ore,	of He item		20a. Method of Disposition	70	20b. Plac	e of Disposi	ition (Na	me of other pla	ice)	Date	20c. Location -	City or To	own, State	
	Pag ment: In ury o		4 Donation 5 Other (Special		Spec	den-	Sew	ard	Cem.	9-7	Cambri	dge	, MD.	
pairimor	permit. Pages 1 end 2 Department of Heelth of Important: if item 27 is any injury or other tra 20128.		21. Signature of Funeral Service Lice	risee 4	1	22.	Nama a	nd Addr	ass of Facility romwell	Funor				
ш	205 2 2		Valleed to	serat-10	zmi	F 4 4 4 11			St., C			21		
			23a Part1 Enter the disease or con sheet, or heart failure. List only	nglications that odused one cause on each li	the death.	Do not enter	the mo	de of dyi	ng, such as cardia	or respiretory	arrest,		Approximata Interval Betw	reen
	Physician			Λ									Onset and D	eath
	/Medical Examiner		Immediate Cause (Final disaase or condition resulting in death)	· ARTG	40 50	icho	TIC	CA	PROID VAS	CLLAR	DISCHE	5	Cupi	3-6
		-			Due to (or a	s e consequ	ence of	:					4 Can	~
	uted J ansit	Examiner		b	D /							- 1		
ŕ	exect in and fel-tra	Exa	Sequentiatly list conditions, if any, leading to immediata cause. Enter Undertying Cause (Disease or Injury		Due to (or es	s a consequ	ence of)	•				1		
0/00,	cate be executed physician and s the buriel-transit	dical	thet initiated events	c	c. Due to (or es e consequence of):									
	ng ph		resulting in death) Last											
Š	th certificient in use es	any	•	d								-		
j.	b death he atter	Physician/M	Part It. Other significant conditions	contributing to death b	ut not resultir	ng in the und	derlying	cause gi	van in Pert I.	23b. Dic	tobacco uss co	ntribute t	o the cause of	f death?
	es that the death certific gned by the attending p be detached for use es		LEFT CE	n-tara	VASC	MAR	1	con	260 5	1□	Y98 2 No	3 □ Pro	bably 4 U	Inknown
Ž,	requires that een signed b hould be dets	by					70	- 40	201					
2	require been sig should b	Completed									s an autopsy ormed?	av	ere autopsy fir vallable prior to emptetion of ca	
ב ב	N 60 W	mpi										of	death?	430
	F se Page									10	Yes 2□No	1	□Yes 2□ N	10
=	Physicien: The this certificate rel director, pag	Be	25. Was casa referred to medical examiner?	Hospital:				Ot	26. Place of Dea					
5		. To	1 Yes 2 No  27, Manner of Death	1 Inpatie	nt 2 ER	VOutpatient 3b. Time of		UA	4 DU Nursing H		Idence 6 Oth		(y)	
5	ding The	tion	1° Naturat 5 ☐ Pending 2 ☐ Accident investigation	(Month, Da)	Year)	tnjury	м	28c. Inju Wo 1 ⊑	rk? ]Yes 2 □ No	200.000.00	nion anjury occur			
	Atten r dea rctor:	Certification:	3 ☐ Suicide 6 ☐ Could not I	28e. Placa of Inju	ury - Af home	a, farm, stree					(Street and Numb	er or Run	al Routa Numb	er,
5	s efte	Sert	4 Homicide	building, ef	c. (Specify)					City or To	iwn, State)			
	o the Hespital or Attending Phithin 24 hours effer death to the Funeral Director: After th ompletely filled in by the funeral	_		hyalctan: To the best of										
	the H in 24 the Fi	ledical	one)	mtner: On the besis of and manner sta	examination	and/or inve				irred at tha time	, date and place,	and due t	o the cause(s)	
	- #3 - E	Σ	29b. Signatura and title of certifier				20	n Hinne	se number		29d. Data signe	d /Manth	Day Voorl	

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Dr. Mahmood Shariff, 105 Aurora St., Cambridge, MD. 21613
31. Date filed (Month, Day, Year)
SEP 0 9 1996

SEP 0 9 1996 Juli Devilson Rawlath

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HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ached for use as the burial-transit nermi	ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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tained	should		if or item 23 chains are initial as other fraumable asset the medical exemines much he sesting as seen
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ENDING	R: Afte	ter deal	lie m
THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	MPORTANT H Ham 28 to marks
PITAL	ERAL (	in 72 h	T. H. B.
F 700	IE FUN	strain po	RETAN
2	E E	be file	MPC

						96	27898
	1 - FOR REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HEAD ERTIFICATE OF DE	TH AND MEN	TAL HYGIENE REG. NO.	•	
	1. DECEDENT'S NAME (First, Middle, Last)	. TILGHI	MAN	MC	ATE OF DEATH DAY	9 1996	3. TIME OF DEATH
	216-18-2092	S. SEX 6. AGE (in yrs. less	t birthday) IF UNDER 1 YEAR IF I YRS. MONTHS DAYS HOU		OR 1 28	Count	HPLACE (State or Foreign
TOR	P. FACILITY NAME (If not institution, give street  MCREADY  RESIDENCE OF DECEMENT	Morial Hospit	Al Crist	CATION OF DEATH		9c. COUNTY OF D	DERSET
DIRECTOR	10e. STATE 10b. COUNTY	OMERSET	10c. CITY, TOWN OR LOCATION  CRISTIC	D			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 27030 JOE Le	wis LANG	101. ZIP	21871		10g. CITIZEN OF	
BY FUN		2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	IO if yes, specify	INT OF HISPANIC ORI Cuben, Mexicen, Puer (NO Specify:	GIN? (Specify Yes of to Rican, etc.)	or No— 14. RACI Blaci Spec	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted) (GI	CEDENT'S USUAL OCCUPATION ve kind of work done during most of a Do NOT use retired.)	vorking	16b. KIND OF BUSI	NESS/INDUSTRY	DIACK
OMPL	17. FATHER'S NAME (First, Middle, Last)		Laborer	MOTHER'S NAME (Fin	st, Middle, Meiden S	actor	8
BE	John I. Ghn	196	a. MAILING ADDRESS (Street end Nu	PRISCIL	la C	s time	
10	TRENE Tilghm  20s, METNOD OF DISPOSITION  1 Seuriel 2 Cremation 3 Remova	2003PLACEA	7030 JOELE	wis Ln.	Crisfie	ATION City or To	> 21871
	1   Donetion 6   Other (Specify)   21. SIGNATURE OF TUNE THAT SERVICE LICEN	TOPE	Well Cene-6	Ry 9/	4/96 CR:	Stield	DM,
1	Huthony 6.	lean	Antho	ny E. W.	visting.	1 UD	11871
	23. PART I. Enter the diseases, or con shock, or heart feliure. Lis iMMEDIATE CAUSE (Final	npiicstione that caused the des it only one cause on each line.	ath. Do not enter the mode of	dying, such as c	ardiac or respira	itory srrest,	Approximats interval Between Onset and Death
	disesse or condition resulting in death)	DIABETO OR AS A CONSECU	TIC KETO DUENCE OF):	ACIDOS	SIS		DAYS
TION	Sequentially list conditions, if any, leading to immediate	ARTERIO .  OUE TO (OR AS A CONSEO	SCLENOTIC DUENCE OF):	HEAR	T DIS	EASE	TEARS
TIFICATION	cause. Enter UNDERLYING CAUSE (Discesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	UENCE OF):				
<b>E</b>	PART II. Other significent conditions of	contribution to death but not re	natified in the underfules our	and the Boat I	T		
PHYSICIAN: MEDICAL	- Signature of the control of	On the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	sections in the underlying cau	se given in Part I.	24a. WAS AN AI PERFORM 1 YES 2	IED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: W	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DEAT	TH YES   NO   U	NCERTAIN 🔯			1 YES 2 NO
/SICI/		26. PLACI	OTHER:  DOA 4 Nursing Home 5 E	Residence 8 0	ther (Specify)		
	27. MANNER OF OEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF NJURY WORK?  M 1 YES	T 28d. [	ESCRIBE HOW INJ	IURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — At horn building, etc. (Specify)		281. L	OCATION (Street endity or Town, State)	d Number or Rural F	Route Number,
COMPLETED		N: To the best of my knowledge, dea					) end manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	GUN OGUNF	29c.	LICENSE NUMBER		29d. DATE SIGNED	
유	30. NAME AND AODRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	D480		091	109196
	OGUNFOWORA (	DLUSEGUN,	MICLREADY	HOSPIT.	AL, Cr	SISFIE	ELD, MD

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tate	of Maryland / Department of Health and Certificate of Death	Mental Hygiene Reg. No.	30	21033
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and 21215-0020  be filed within 72 hours after death with the Marylan tall hygiene. d other than "naturel", or frema 23a or 28a-1 ahow event, if a Medical Examiner must be not be a second.		1 □ Never Merried 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1 □ Yes 2 Married 1		10	☐Yes 21271	lo Specify:		Specia	fy: Taff	hite
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n 24 n 24 plete	polical	(Check only 2 Medical Examiner: On the basis one) 2 Medical Examiner: On the basis one one manner s	of examinetic teted.	on and/or inve	stigetion, in m	y opinion, daath o	ccurred at tha time	a, deta and place,	and due t	o the ceuse(s)
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		30. Neme and address of person who completed cause of	deeth (Item	23e) (Type, Pr	rint)			1	/	
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Regis		SEP - 4 1996	Lathurd	war-Randa	Ц					

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	Physic /Medi		Decedent's Neme (First, Middle, Last)     ANABEL	(nmn)	TURBI	ETT			2. Data of D Month Septem		9 ^{Ygar}	3. Time of Death 10:20 AM
1	Exami		4a. Facility Name (If not institution, give: Fallston General		,				n, or Location of Dea .ston		of Death Harf	
	Funeral Director		210 14 3407	7. A	Age (In yrs. last 95	birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hours	Min. (Month, D	rth ay, Year) 5, 1901		place (State or Foreign ntry) nsylvania
	Maryland f show	or	Usual Residence of Decedent  10a. State 10b. County  Maryland F	larford	10c. City, To	own or Lo	cation	Bel A	ir			10d. Inside City Limits
	with the	Director	10e. Street and Number 605 Linwood Avenue				10f. Zip Coda	21014		10g. Citizen of V		ntry?
020	72 hours after death with the Maryland naturel; or items 23s or 28s-f show steel Examinet must be notified at	by Funeral		12. Was Deceden Armed Forces 1 ☐ Yes 2X If Yes, Giva Yaar or Datas	6? ] No	1	Was Decedant of H f Yes, specify Cube I □ Yas 2\$ No	21014 dispenic Originan, Maxican, Maxican, Specify:	n? (Specify Yes or N Puerto Rican, atc.)		k, White,	can Indian, etc.
21215-0020	within ene. than	Completed	15. Decedant's Edu (Specify only highest grade Elementary/Secondery (0-12)	cation complated) Coilege (1-4or		6a. Deced (Give life. L	lent's Usual Occup kind of work done DO NOT use retired Beautic	during most o	of working	16b. Kind of Bu	usiness/In	dustry
Maryland 2	be filed htal Hyg d other event,	To Be Co	17. Fathar's Nama (First, Middle, Last) Dr. James M. Flemi	ng			Deddele		s Nama (First, Middle Ce (nmn)	Beauty , Maiden Suman Parso	a)	
	alth ar		19a. Informant's Name/Relationship (Ty Charles M. Turbet	t, Husba	and	605	Linwood		or Rural Route Numb , Bel Air			code) 21014
Baltimore,	permit. Pages 1 a Department of Hee Important: If Item any Injury or othe		20a. Method of Disposition  1 ⊠ Burial 2 □ Cremation 3 □ R  4 □ Donation 5 □ Other (Specify)  21. See the prof Funeral Service Lican in		ceme	Pat HÖ	Name and Addre	Cemeta Second McComa	ery 9/6/90 s III Fundoad, Abind	eral Hom	n, Pe	ennsylvania .A.
	Physician		23a. Part1. Enter the disease, or compli- shock, or heert failura. List only on		4	o not ente	er the mode of dyir	ng, such as ca	ardiac or raspiratory	arrest,	Lylai	Approximata Interval Between Onset and Deeth
	/Medical Examiner	_	Immediate Cause (Final disaasa or condition resulting in death)	/	Due to (or as		A	FA	TURE			4 days
Box 68760,	death certificate be executed e attending physician and of for use es the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disasae or injury that initioted events resulting in death) Last		Due to (or as							
o.	y the	Physician/M	Pert it. Other significant conditions con							./		the cause of death?
Records, P.	requires that been signed should be de	Completed by P	CHRONIC L	ymp/+	ocy r	1 C	LEUR	EM	24a. Was	yes 2 2 No	24b. W	ere autopsy findings allable prior to empletion of cause death?
Vital Re	Iclan: The law certificate has t rector, page 2 s	Be Comp	25. Was casa refarred to medical					28 Place o	1 Deeth (Check only	Yes 2⊉No		Yes 2 No
n of	og Phys ter this neral di	ပ္	27, Mannar of Death  1 🖾 Natural 5 🗆 Pending 2 🗆 Accident investigation	28e. Date of Inj (Month, D	ury 28b	Outpatient o. Time of Injury	t 3 DOA Oth	er: 4 Nurs	ing Home 5 Ras 28d. Describe			(V
Division	To the Hospital or Attendir within 24 hours after death. To the Funerel Director: Al completaly filled in by the fu	al Certification:	3 Suicide 4 Homicide  29a. Certifier  29a. Certifying Physics	building, e	t of my knowled	ge, deeth	eet, factory, office	ne, date and i	City or To	(Street and Numb wn, State)	nner as s	itated.
	To the Ho within 24   To the Fu completely	Medical	(Check only 2 Medical Examinons)  29b Signature and title of certifier	er; On the besis end manner s	of examinetion (	and/or Inv	estigation, in my o	pinion, death	occurred et the tima	date and pleca,	and due to	o the cause(s)
			30. Name and address of person who cor Dr. Joan P. Edwards	mpleted cause of 3, 2112	Belair	a) (Type, I Road	D317 Print) d, Fallst		aryland 2	Septemb 1047	er 3	, 1996

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrar's Signatura Lin Devideon Randall

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Ancinded #7, 9/3/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month Day LARICETITUS-WHITE AUGUST 29,1996 5PM /Medical 4a. Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince George Hospital Center Cheverly Prince George If Under 24 Hrs. Hours Min. 7. Age (in yrs. last birthday) If Under 1 Year 5. Social Security Number 6. Sex 8. Date of Birth (Month, Dey, Year) **Funerai**  Birthplace (State or Foreign Country) Deys 1 ☐ M 25 F Months 41 Yrs. 218-08-9383 Director April 29, 1955 Jamaica Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inelde City Limits show must be notified at Director MD. 1 Nes 2 No 288-1 Prince George **Bladensburg** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 5204 Newton Street 20710 Herris 23a USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ö 1 ☐ Yes 2 No Specify: Black. Completed by 3 Widowed 4 Divorced Specify 'natural', 15. Decedant's Education 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Collage (1-4or 5+) 7th Private Industry Home Health Aide 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Pages 1 and 2 should be and Mental Abel Titus Adessa Myers 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Department of Health a Important: If Item 27 is any injury or other tra Suzette James - Daughter 5204 Newton Street #201, Bladensburg, MD 20710 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State Date Burial 2 Cremation 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Maryland National 9-12-96 Laurel, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility R. N. Horton Co. Morticians, INc. 42 torton 600 Kennedy Street, N. W., Wash., DC 20011 23a. Part 1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on aach line. Approximate Interval Between Onsat and Death **Physician** /Medical immadiata Cause (Final disease or condition resulting in death) Examiner Examiner the burial-trans Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): The law requires that the death certificate be execu Physician/Medical Due to (or as a consequence of): for use as Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 Yes 2 No þ page 2 should be Be Completed 24b. Ware autopsy findings eveilable prior to completion of cause of death? 24a. Was an autopsy performed? certificate has 1□Yes 2□ No 25. Was case referred examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 T□ Yes 2 No 1 Inpatient 3□ DOA 2 ER/Outpatient this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred

2 No

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29d. Dete signed (Month, Day, Year)

T Yes

Certifying Phyelcian: To the best of my knowledge, death occurred at tha time, date and piece, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner_stated.

Box 68760, P.O. | Records, Division of Vital

Certification:

Medical

al or Attending Physics after death.

It Director: After this do in by the funeral di Hospital 24 hours a To the Hospital within 24 hours a To the Funeral Completely filled

State

31. Date filed (Month, Day, Year)

1 Natural

2 Accident 3 Suicide

4 - Homicide

29a. Ceru

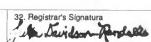
29b. Sk

SEP 0.3 1996

5 Pending investigation

6 Could not be

30. Nama and address of person who completed cause of daath (Itam 23a) (Type, Print)



28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify)

**DHMH 16 Rev 6/95** 

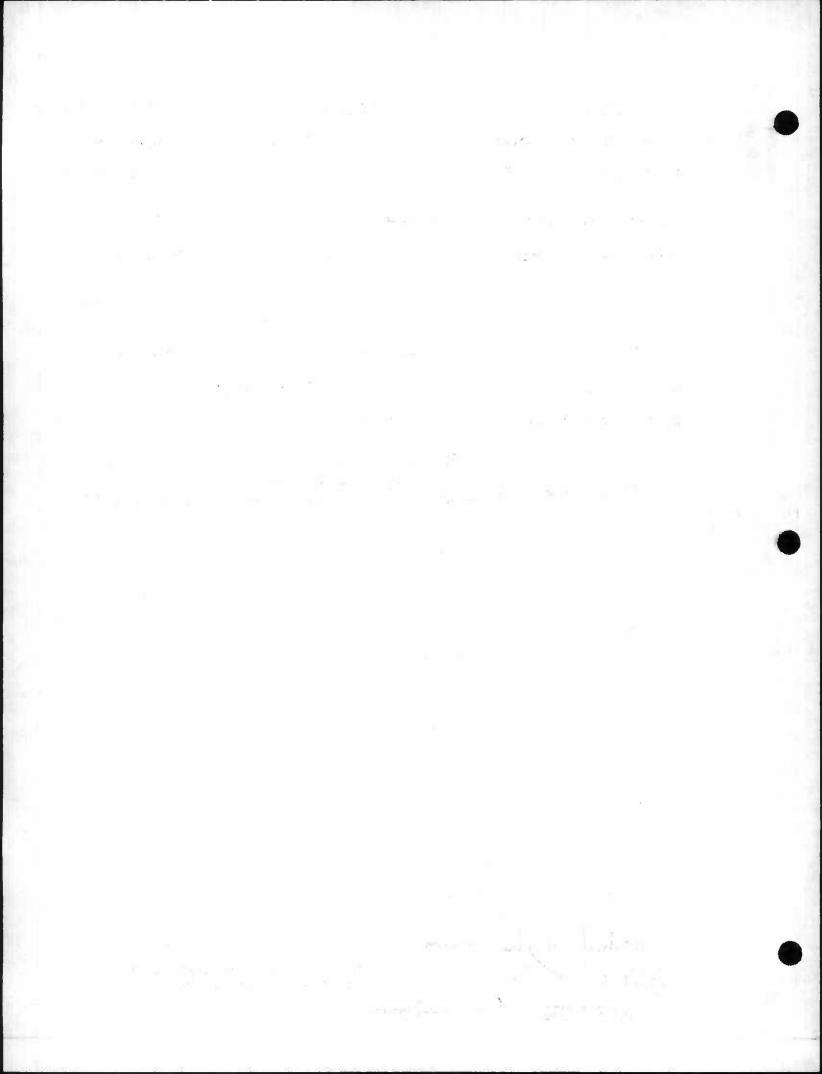
Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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Physicia /Medica		Clarice		Μ.		Tho	rpe			August	31, 199		7:45 A
Examine		4a. Facility Neme (If not institution, g	ive street and numb	oer)			41	o. City, Tov	vn, or Loc	ation of Deeth	4c. County	of Deeth	
THE L		13510 Deerwate							anto			gome	rý
Funeral Director		5. Social Security Number 6. 475–42–3095 Usual Residence of Decadent	Sex 7. 1 □ M 2√ F	Age (In yrs. last	birthday) Yrs.	If Under 1 Months I	Year Days	If Under 2 Hours	Min.	B. Dete of Birt (Month, Da Sept. 2	75,1909	9. Birthp Coun Washi	lace (State or Fo itry) Lngton
and wand		10a. State 10b. County		10c. City, To	own or Lo	cation						1	0d. Inside City Li
r 28a-f show	ector	Maryland Montgo	mery	Germa	antow								1 □ Yes 2)(
23a or 2	Funeral Directo	13510 Deerwater	Drive			10f. Zip C	874				10g. Chizen of V United		
urs in	by	Never Married 2 Married      Never Married 2 Married      Never Married 2 Narried	12. Wes Deceded Armed Force 1 Tyes 2 If Yes, Give Year or Date	es? <b>(</b> ☐ No		Was Deceder f Yes, specify I ☐ Yes 2		spenic Orlg , Mexican, Specify:	in? (Spec Puerto R	ity Yes or No- ican, etc.)	14. Race Blace Specify	a - America ck, White, o	
"natural",	Completed	15. Decedent's	Education	16	6a. Decad	lent's Usual (	Occupa	tion	a f a dela		16b. Kind of Bu		
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marked other than imatic event, the M	Be	17. Fathar's Name (First, Middle, Las	st)					_			Maiden Sumam	Θ)	
and Mentel is marked o aumatic ev	9	C. W. Cotton						Cora	McF	Right			
		19a. Informant's Name/Relationship Betty Sherman Th		1		ng Address (S THE as		nd Numbe	r or Rural	Route Numbe	er, City or Town,	State, Zip	Code)
nt: If item ry or oth		20a. Method of Disposition  1 X Burlel 2 Cremation 3 4 Donation 5 Othar (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control		ate ceme	etery, crem	sition (Nama natory or othe nen's	er place	•	9-	Date -4-96	20c. Location -		
Department of Health Important: If Item 27 in any injury or other tra		21. Signature of Funeral Service Llc	ansee / /	معد	R	. Name and A	Address	of Facility	rvic	es, P.			
hysician /Medical xaminer		shock, or heart failura. List onl Immediate Cause (Final disease or condition rasulting in death)	a. Asyst		a conseq	uanca of):							Intarval Batwee Onset and Deal
-	ner		Heart	Attack		danoa ory.							
in and riel-transi	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or es	a consequ	uence of):							
	v/Medicai	causé. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or es		uenca of):							
d for u	ciar	Pert II. Other significant conditions	contributing to doct	h hut not moultine	a in the com	derbine serv	h	o In Doct I		anh Dida	•	-4-15-4-4-	46
igned by the a	/ Physician	Total Surviva agrimount conditions	contributing to deat	n out not resulting	g in the un	idenying cau	se give	n in reit i.			obacco use cor res 27 No		ably 4 Unk
200	Completed by									24e. Was perfor	en eutopsy rmed?	con	ere autopsy findir allable prior to appletion of cause death?
page page	S									1 🗆 Y	es 2 No	1 🗆	Yes 2 No
	Be	25. Was case reterred to medical examiner?	44				1	-	of Death	Check only o	ne)		
S D	Ion: To	1 ☐ Yes 2 ☒ No  27. Manner of Death 1 ☒ Natural 5 ☐ Pending			Outpatient o. Tima of Injury		Other	at ?	28		enca 6 Other		)
offer death.  Orector: After in by the fune	Certification:	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	28e. Place of	Injury - At home, etc. (Specify)	farm, stre			es 2 N		8f. Location (S City or Tow	Street and Numbern, State)	er or Rura	l Route Number,
	edical	29a. Cartifier (Check only one)	hysician: To the be miner: On the basis and manner	s of axamination a	iga, daath and/or inv	occurred at t estigation, in	the time my opl	, data and nion, daati	placa, an	d due to tha d d at the time, d	cause(s) and ma date and place, a	nnar as stand due to	ated. tha cause(s)
vithin compl	Ž.	29b. Signeture end title of certifier	1			29c. L	icense	number			29d. Date signed	(Month, I	Day, Year)
> - 0		Rashid	Bash	Nurm	1		D 3	9372			August		
10		30. Nama and address of person who Rashid Baghai	completed causa of	•		Print) 344	Uni	ivers	ity E	Blvd.,	West.		1000
		nashitu bagnat	, M. D.			Sil	ver	Spri	ng, M	1D 209	001		
State Registra	-	31. Date filed (Month, Day, Year) SEP 0 3 193		strar's Signature	Bank	M.							



State of Maryland / Department of Health and Mental Hygiene

96

27903

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** SUZANNE 0802 LLOYD September 8 /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 9 / 12 / 1943 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign **Funeral** 1 M 2 F Months PENNSLYVANIA 52 218-48-7902 Director Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Haalth and Mental Hygiene. Important: If Nem 27 is marked other than "natural", or Nems 23a or 28a-f show any injury or other traumatic event, the Machinal Essential 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director MARYLAND SOMERSET PRINCESS ANNE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10191 CRAB ISLAND ROAD 21853 U.S. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No. If Yes, specify Cuban, Maxicen, Puerto Ricen, atc.) 14. Race - Amarican Indian, Bleck, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify à Specify. 3 ☐ Widowed 4 ☐ Divorced WHITE Completed Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elemantery/Secondary (0-12) Collega (1-4or 5+) DEPUTY SHERIFF LAW ENFORCEMENT 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be ROBERT LLOYD SUZANNE MOORE To 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 10191 CRAB ISLAND ROAD, PRINCESS ANNE, MD. 21853 a of Disposition (Nama of Data 20c. Location - City or Town, Stata DAVID WHITE 20b. Placa of Disposition (Nama of cemetary, cramatory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata SALISBURY CREMATORY 9/9/96 SALISBURY, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funarul Service Licenses 22. Neme and Address of Fecility HINMAN FUNERAL HOME WILLXAL MOO295 11673 SOMERSET AVE., PRINCESS ANNE, MD. 21853 234 Lentar the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, but k, or heert failure. List only one cause on each line. Physician /Medical Immediata Cause (Final disaasa or condition rasulting in daath) Metastatic Cancer 6 mo S Examine Dua to (or es a consequence of Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaase or Injury that initiated avants resulting in death) Last and Dua to (or as a consequence of) physician s the burial Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or es e consequence of): attending signed by the a d be detached f Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings availeble prior to completion of causa of death? 24a. Was an autopsy performed? Completed peen has certificate 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical Be 26. Pleca of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 No 1 Yas 1. Impatiant 2 ER/Outpetient 3 DOA After this funeral Deta of Injury (Month, Day Year) Certification: 27 Menner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Maturai 2 ☐ Accidant 5 Panding 1 ☐ Yas 2 ☐ No within 24 hours after death. To the Funeral Director: A invastigation the 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) in by 4 Homicida Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, and dua to tha causa(s) and manner as steted.

Medical Examinar: On the basis of examination and/or investigation, in my opinion, daath occurred at the tima, dete end piece, and dua to the cause(s) and manner stated. 29a. Cartifier Medical pietely (Check only one) 29b, Signature and title of confi 29c. Licansa number 29d. Dete signed (Month, Day, Year) complated causa of daath (Item 23e) (Type, Print) 145 E. ( seal Carroll 31. Dete filed (Month, Day, Year) 32. Registrar's Signetura State SEP1:0 1996 Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Whitehill Thompson Wood 1996 10:05PM September /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Annapolis Nursing & Rehab Center Annapolis Anne Arundel If Under 1 Year Months Days If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, 9. Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 1 M 2□ F 66 Yrs Director 213-26-4205 Maryland Usual Residence of Decedent with the Maryland 10a. State r 28a-f ahow 10b. County 10c. City. Town or Location 10d. fnside City Limits Yes 2 No Director Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages, I and 2 should be filed within 72 hours after death with to nent off-fealth and Mental Hyglene.

ant: If itam 27 is marked other than "natural", or items 23s or ity or other traumetic event, are Medical Examiner must be any or other traumetic event, are Medical Examiner must be any 1524 McGuckian Street 21401 United States Funeral 12. Was Decedent Ever In U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 M Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☑ Merried 1 Yes 2 No altimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Westinghouse 12 Buyer 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be John W. Wood Katharyn Beard 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1524 McGuckian Street Annapolis, Maryland 21401 Bettie W. Wood - Wife
20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State permit. Pages Department of Important: If it any injury or once. 1 🕅 Buriel 2 □ Cremetion 3 □ Removal from State Hillcrest Memorial Cemetery 9/5/96 Annapolis, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licens 22. Name and Address of FectilityJohn M. Taylor Funeral Home, Inc. 147 Duke of Gloucester St. Annapolis, MD 21401 plical only thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, one cay to on each line. 23a. Part1. Enter the disease, or com-shock, or heart failure. List only Approximate Interval Between Onset end Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical 0 400965 Examiner Due to (or as a consequ ence of): Examiner attending physician and for use as the burial-transit requires that the death certificate be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequenca of): 85 Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yea 2 No 3 Probably 4 Unknown Š 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an eutopsy Completed cartificate has 1 Yes 2 XXXIo 1 ☐ Yes 2 ☐ No or Attanding Physician: director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) After this funeral 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28c. fnjury et Work? 1 Netural 5 Pending investigation after death. 1 Yes 2 No 2 ☐ Accident 6 Could not be determined To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide to the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) edicai 29a. Certifier 29b, Signature and title of peralier 29c. License number 29d. Date signed (Month, Day, Year) D05192 September 3, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Richard I. Hochman, M.D. 1833 Forest Drive Annapolis, MD 21401 (410-263-0770)

State Registrar

31. Date filed (Month, Day, Year)

SEP 0 4 1996

32. Registrar's Signature

Julia Davidson

t e 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Desartment of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Eugene Elden Wampler August 31,1996 9:10 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 2206 Roth Rd. Edgewood If Under 1 Yeer If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys 1⊠M 2□ F Yrs Director 216-28-0311 Nov. 10,1923 Virginia Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Harford Edgewood 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ŏ items 23a 2206 Roth Rd. 21040 Funeral United States 12. Wes Decadent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours effer in ent of Health and Mental Hygiene.
srrt: If frem 27 is marked other than "naturel", or ite √3Yes 2 □ No ff Yes, Give Yeer or Detes: 1 ☐ Never Merried 2K Merried Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: by Specify. 3 ☐ Widowed 4 ☐ Divorced WW II White Completed Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Accountant -Year U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be 2 William Henderson Wampler Nora Belle Sykes 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Straet end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 is any injury or other trau once. H. Louise Wampler - Wife 2206 Roth Rd. Edgewood, Md. 21040 20b. Pleca of Disposition (Name of cemetery, crematory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Suriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Cokesbury U.M. Cemetery 9-4-96 Abingdon Md. 21. Signeture of Funerel Service Licansee 22. Neme end Address of Facility 1317 Cokesbury Rd. McComas Funeral Home /week Abingdon , Md. 21009 23e. Pert1. Enter the disease, or complications if it caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical immediate Cause (Final ophana Type It disease or condition resulting in deeth) **Examiner** Due to (or es a consequence of): Examiner physician and the burial-transit The law requires that the death certificate be assouted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or es e consequença of) P.O. Box 68760, Physician/Medical Due to (or as a consequence of):

signed b þ page 2 should Completed Be Certification: To funeral ours after death.

Records,

Division of Vital

Hospital or Attending Physician:

death.

To the Hospital within 24 hours a To the Funerel Completaly filled

Medical

After this

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed?

1 Yes 2 No

25. Wes case referred to medicat exeminer? 26. Placa of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No 27. Menner of Death

28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 1 Yes 2 No

5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

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29e. Certifier

**SCertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as stated.

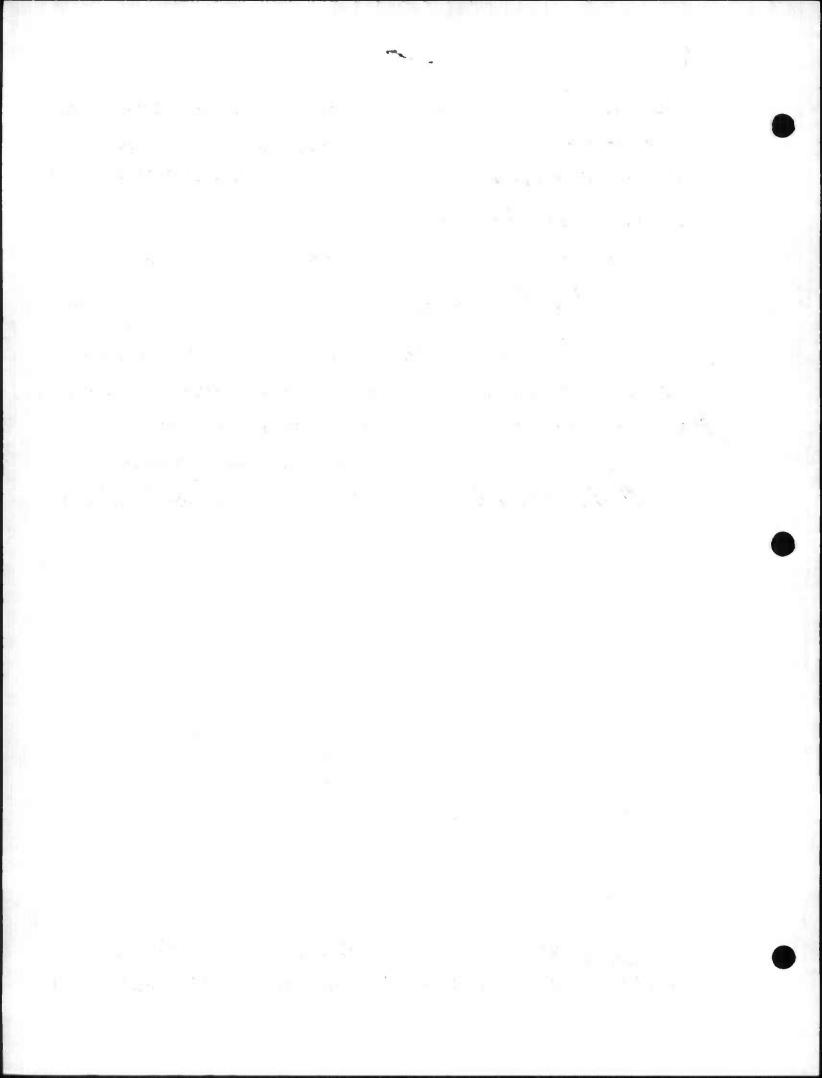
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner stated. 29c. License number

29b. Signeture and title of certifier

29d. Dete signed (Month, Day, Year)

on who completed cause of death (Item 23a) (Type, Print)
-CK JN 219 W BELTW AUE, ABUF CHUFEN, WW 21001 31. Dete filed (Month, Dey, Year) SEP 13

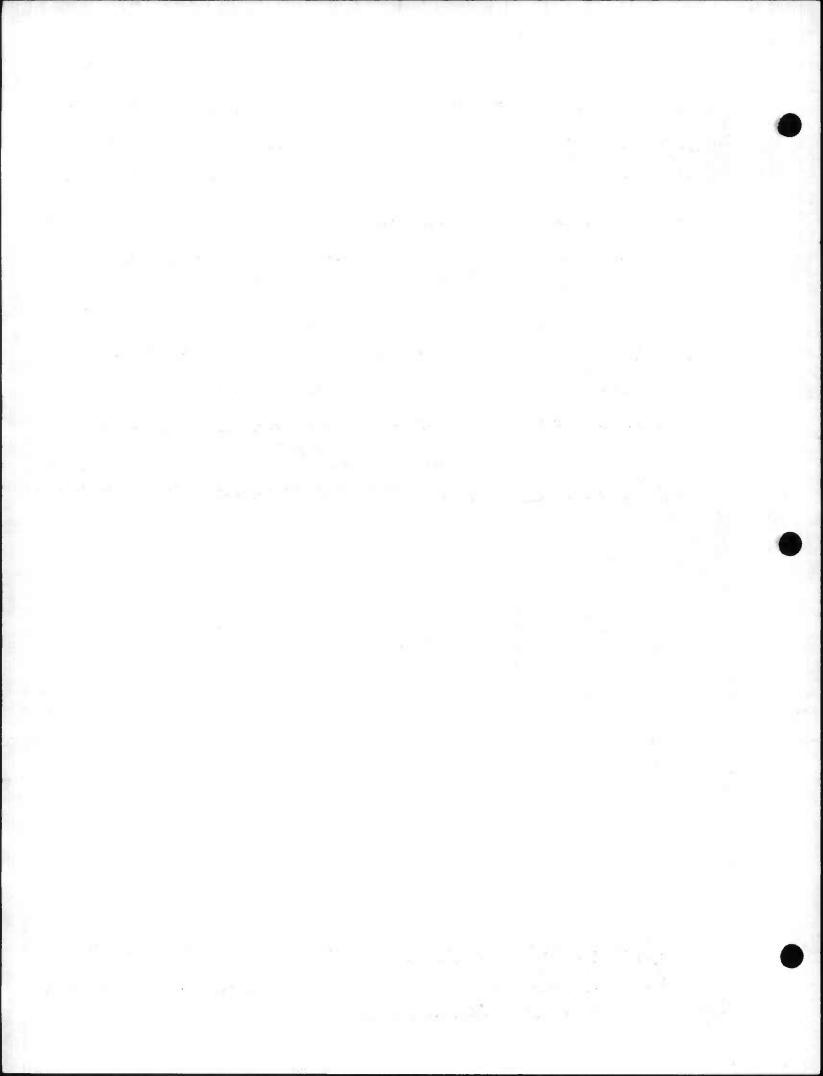
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State of Maryland / Department of Health and Mental Hygiene 96 27906

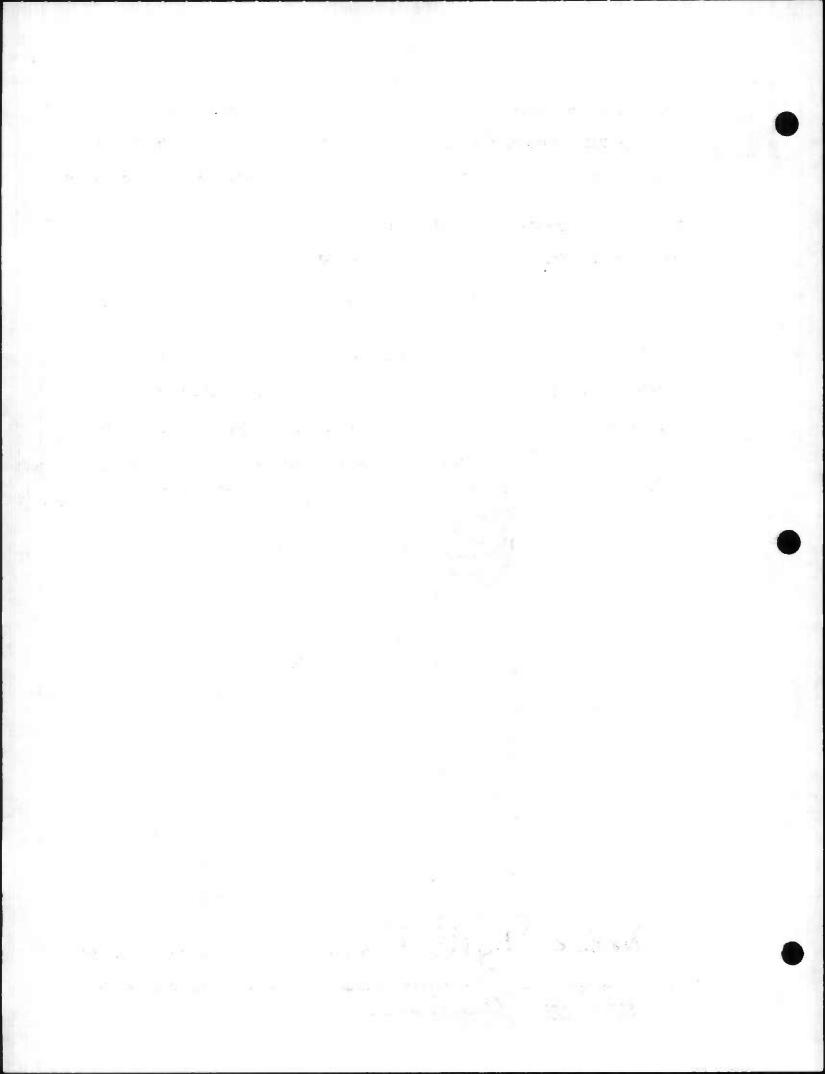
Certificate of Death

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a	s 1 and 2 should ! Health and Mer tem 27 is marko other traumatic		19a. Informant's Na	ame/Raiationship	(Type, Print)		19b. Mai	ling Address (Stre	et and Number	r or Rural Routa Nur	mber, City or Town	, Stata, Zip	Coda)
-	and and and and and and and and and and		Betty S.	Wooden/	Wife		1025	3 Nolan	Drive,	Rockville	, Maryla	ind 2	20850
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State of Maryland / Department of Health and Mental Hygiene 96 27907

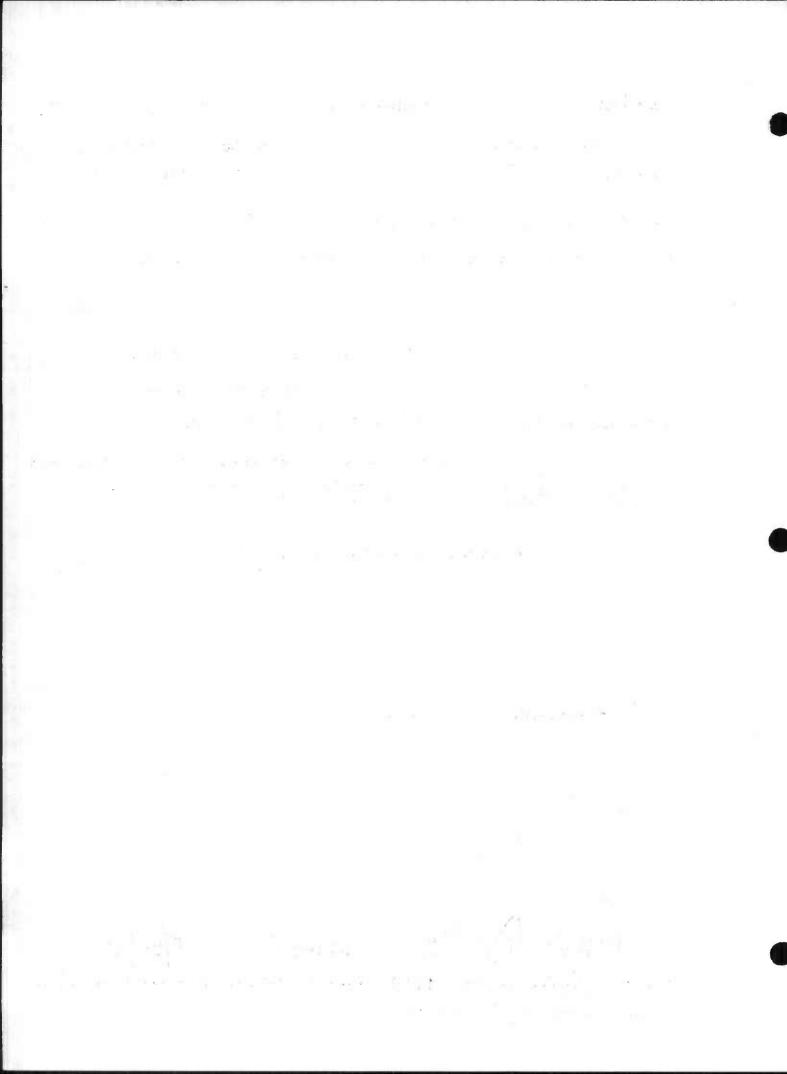
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Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Exaction is an a	by	3 ☐ Widowed 4 ☐ Divorcad		1942-19		I□Yes 2§		Specity:		Specif	Whit	te
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a	Mental Mental arked o	To B	Joseph Wozn	v					Soph	ia Dr	zywara		
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	To the Hospital within 24 hours a To the Funeral C complately filled	edical	(Check only 2 Madical Exa	miner: On the basis and manner	of examinetion	and/or inve	estigation, in	my op	Plnion, death occu	rred at the time,	date and place,	and due to	the cause(s)
	To the Com	2	29b. Signeture and little of certifier	b	no		29c. Li	cense	number		29d. Dete signe	d (Month, I	Day, Year)
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		ı	30. Name end eddress of person who	completed cause	eath (Item 2	3a) (Type, F		074	111		eptembe	1 3,	1990
	1 32	1	Martin C. Shargel	M.D. 3	720 Far	raguit	Avenu	و	Kensing	ton, Mary	1and 20	805_2	2110
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State of Maryland / Department of Health and Mental Hygiene 96

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	_					Certi	ticate o	t Death		Reg. No.		
Physicia /Medica		1. Decedent's Name (First, Mi	iddie, Last)		W	du	المحصدة		2. Data of D Month	Day 29	Year 96	3. Time of Death
Examine		4a. Facility Name (If not institu	ition, give street en	d number)				4b. City, Town,	or Location of Dea	th 4c. Count	y of Death	
		Holy Cros	ss Hospit	a1				Silver	Spring	Ma		
Funeral		5. Social Security Number	6. Sex	7. Age	In yrs. last birt		If Under 1 Yas	Ir II Under 24 I	irs. 8. Data of B	irth	9. Birthpi	ery lace (Stete or Foreign try)
Director		213-11-5996	1□M 2⊠	F	47	rs.	Months Day	s Hours N	lin. (Month, E	9ey, Year)	Zai	re
2		Usual Residence of Decedent								,,,,,,,		
28a-f show	.	10a. Stata 10b. Cou	nty	1	Oc. City, Town	or Loca	tion				10	Od. Inside City Limits
	to	Maryland Mont	gomery		Silver	Spr	ino					1☐ Yes 2☐No
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Hygiene. ther than "	E	Elamentary/Secondary (0-12	2) Colle	ga (1-4or 5+)		loth	es Desi	aner		Clothi	~~	
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marke umarke	ရ	Robert Kala  19a. Informant's Name/Relation			101	h.d.= 192==	A dd (Ot		ne Toko I		0	
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item 27	-	Martine Kamin-	-a-Kalaw		001 71	Silv	er Spri	ng, Mar	ive Unit			
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Departmen Important: any Injury once.		21. Signature of Funaral Servi	ica Licensee	1		22. N	lame and Add	rass of Facility				
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	+	23a. Part1. Enter the disease,	or complications the	het caused th	e death. Do n	ot antar	Univer the mode of d	ving, such as cer	diac or respiratory	I.Spr.,	Maryla	and 20901
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y the atter	180	Part II. Other significant cond	itions contributing	to death but	not resulting In	the unde	erlying cause	given in Part I.	23b. Did	tobacco use co	ontribute to	the cause of death
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Location (Stree City or Town, S	CCO USE CON 2 No utopsy 1? 2 No e 8 Otherinjury occurrent and Numb	2001  ar (Specify)  ar (Specify)	Approximate Interval Batween Onset and Death 7 days 7 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10 days 10

1500 forest glen Ru bilver spring Mo

State Registrar

Physician /Medical

Examiner

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland

Baltimore, Maryland 21215-0020

Department of Health and Mental Hygiene. Important if items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at office of other traumatic event, the Medical Examiner must be notified at office.

Physician /Medical

Examiner

To Be Completed by Funeral Director

Medical Certification: To Be Completed by Physician/Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be execute within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunial-tran

Division of Vital Records, P.O. Box 68760,

DR MENDHIRATTA 31. Data filed (Month, Day, Year) SEP 0 6 1996

30. Nama and addrass of person who complated causa of daath (Item 23a) (Type, Print)

YOHOLY CROSS HOSPITAL 32. Registrar's Signatura

mended	#8	, 9/6/96, G.F., M	ontoomerv (	aryland		ent of	Health and N			96	27910			
		1. Decedent's Nama (First, Middle, La	ist)					2. Data of De	eath		3. Tima of Deeth			
Physic /Medi			Pearl B1	ueneti	te w	ither	rite	August	: 31. 19	96	7:00 AM			
Exami		4e. Fecility Nama (If not institution, giv	a street and number)				4b. City, Town, or L	ocation of Deat	th 4c. Count	of Death				
		9609 McAlpine Ro	ad				Silver Sp	ring	Mont	gome	CV			
Funeral Director		370 07 2710		e (In yrs. las 30	t birthday) If Un Yrs. Monti	der 1 Yaar ns Days		8. Dete of Bi (Month, Di June 1	ay, Year)	9. Birthi Cou Wash	piaca (State or Fora otry) Ington, D.C			
and w		Usuai Rasidence of Decadant  10a. Stata 10b. County		10c. City,	Town or Location			14	1	1.	0d. Inside City Llm			
filed within 72 hours effer death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show ent, the Medical Examment must be notified at	o	Maryland Montgo	merv	Sil	ver Spri	20					1 □ Yas 2 🖔			
28e	Directo	10e. Street and Number	ille i y	311	-	Zip Coda			10g. Citizan of	What Cou	ntrv?			
3a ou		9609 McAlpine R	oad			20901			united					
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Hygiene. There there	Con	12			Telephone	e Ope			Telephone		JHU APL			
ntal Hygi d other event,	Be	17. Fathar's Name (First, Middla, Last)	)				18. Mother's Nem	a (First, Middla	, Maidan Sumer	na)				
Men	မ	Henry		Dav	ies		Mary		(Una	vaila	ble)			
d 2 should be if th end Mental It 7 is merked of traumetic ever		19a. informent's Name/Ralationship (					t end Number or Rur							
of Health of Health I Item 27 I		Robert S. Maser	oni				Rd. Silv	er Spri	ng, MD	20901				
A Ite		20a. Mathod of Disposition 1 ⋈ Buriai 2 □ Cramation 3 □	Ramoval from Stata	20b. Piac	e of Disposition () atary, cramatory of	vame of or othar pla	ace)	Data	20c. Location	- City or Te	own, Stata			
permit. Pages Department of i Important: If ite any injury or o once.		4 ☐ Donation 5 ☐ Othar (Spacifi		Arling	ton Nation			-11-96	Arling	ton,	VA			
Physician /Medical Examiner		23e. Part1. Enter the disease, or common shock, or haart failura. List only Immadlata Ceuse (Finei disease or condition resulting in death)	ona causa on aach iir	na.	933 (Do not anter the m	Gist oda of dy		ver Spr or raspiratory a	ring, MD rrest,		Approximata interval Batween Onsat and Death			
an and riel-transit	Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immadiata causa. Entar Underlying Ceuse (Disease or injury	b		s a consequence o					1	•			
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death e atten	clar													
the d	ıysi	Pert ii. Other significant conditions or	ontributing to death bu	it not rasultir	ng in the undarlyin	g causa gi	iven In Pert i.				the cause of de			
deta deta								1 🗆	Yee 2 No	3 Pro	bably 4 Unkr			
is requires that the one of the second by the second be detached.	eted by		Completed by								24e. Wes	en eutopsy ormed?	ev	ere eutopsy findin aliable prior to mpletion of causa daeth?
or Attending Physician: The law requires the after death.  Director: After this certificate has been signed in by the funeral director, page 2 should be come.								10	Yas 2X No		Yas 200 No			
e he age		25. Was casa rafarred to medical					26. Placa of Deet			1	1 1 ds 2 pg 140			
ifficate he lor. page 3		axeminar? 1 X Yas 2 □ No	Hospitai:	nt 2∏EB	/Outpatient 3□	DOA OI	her: 4 Nursing Ho			ar (Specil	v)			
rsicient: the lay s certificate hes director, page 2	o Be		28a. Data of Injur (Month, Day		b. Tima of injury	28c. inju Wo			how injury occur		<i>''</i>			
the Hospital or Attending Physician: The is thin 24 hours after death. The Funeral Director: After this certificate he mpletely filled in by the funeral director. page?	Certification: To B	27. Mannar of Death  1 Naturai 5 Panding 2 Accident invastigation 3 Sulcide 6 Could not be		7 04.7	M	1	Yas 2□No							

1 Certifying Phyeician: To tha best of my knowledge, death occurred at the tima, data and place, end due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) end mannar stated. 29c. License number 29b. Signature end title of certifian 29d. Deta signad (Month, Day, Year) D08546 September 2, 1996

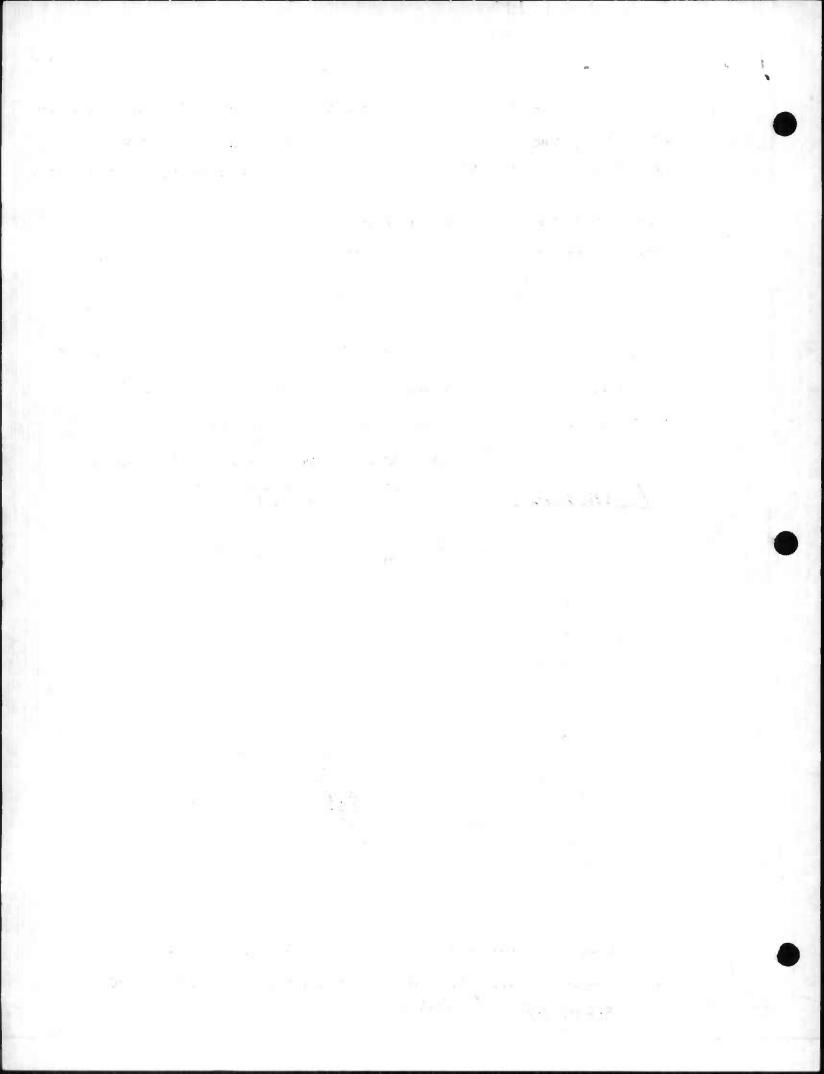
30. Nama and address of parson who completed ceuse of death (ttam 23a) (Type, Print)

D., 8218 Wisconsin Avenue, #318, Bethesda, MD

32. Ragister, Signature John F. Tauber, M. D., 20814

31. Data filad (Month, Dey, Yaer) SEP 0 6 1996

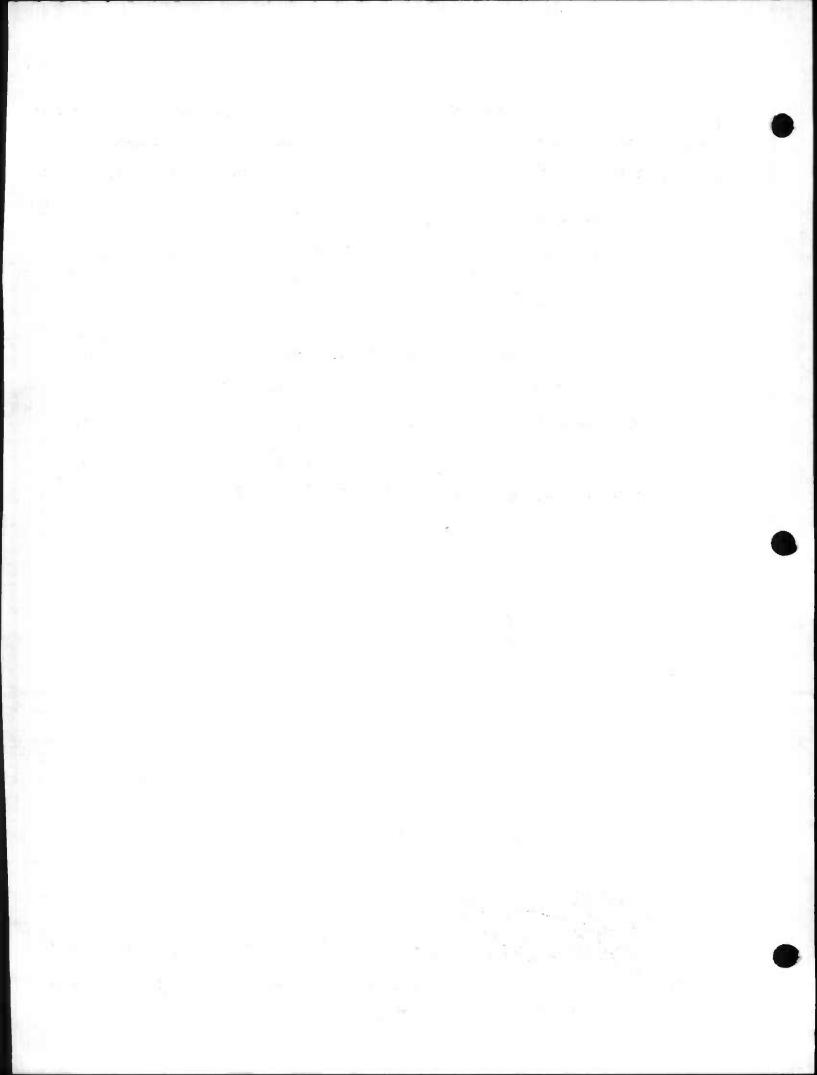
State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

27911

_						Ce	illicale o	Deall	11		Reg. No.		
	Physic /Medi		Decedent's Name (First, Middle,     Ray	Otto Zim	mermaı	n				2. Date of Do Month August	Day	Year 6	3. Tima of Death 10:15 PM
	Exami		4a. Facility Nama (If not institution, give street end number)					4b. City, 7	Town, or Lo	cation of Deel			
			4507 Maple Ave	nue				Bet	hesda		Mont	gome	ery
	Funeral		5. Social Security Number 6	5. Sex 1⊠ M 2□ F	7. Age (In yr	s. last birthday)	If Under 1 Ye		er 24 Hrs.	8. Date of Bi	th		nplace (State or Foreignitry)
	Director		165-18-2522	31 Yrs.	Months Dey	ys Hours		(Month, Di	2, 1915 Pen		insylvania		
	9		Usual Residence of Decedent										
	OU.C.U hours after death with the Maryland turef, or flame 23e or 28e-f show at Examiner must be notified at		10a. State 10b. County		10c. (	City, Town or Lo	ocation						10d. Inside City Limits
		to	Maryland Montgo	omery		Bethese	la						1 ☐ Yes 2 🖾 No
		ě.	10e. Street and Number				10f. Zip Code	9			10g. Citizen of \	Whet Co	untry?
		a D	4507 Maple Aver	nue			2	20814			United	ites	
		Funeral Director	11. Meritel Stetus	12. Wes Dece	dent Ever in	U,S. 13.	Wes Decedeni o	of Hispanic C	Origin? (Spe	cify Yes or No	- 14. Rac	e - Amei	ican Indian,
0			1 Never Married 2 Marrie	Armed For						Rican, etc.)	Black, White, etc.		, etc.
Maryland 21215-0020	d within 72 hours aft plene. r than "natural", or the Medical Exami	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv Year or Da	1 ☑ Yes 2 ☐ No If Yes, Give WW II 1☐ Ye Year or Dates: WW II			lo Specif	y:		Specify: White		ite
20	72 ho natur dical	Completed	15. Decedant's	Education		16a. Dece	dent's Usual Occ	cupation			16b. Kind of B	usiness/l	ndustry
2	within 7 than 'n tha Med	ple	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1	-40r 5+\	life.	kind of work do DO NOT use ret	ne during m ired)	ost of workir	ng	Montgom	ery	County
5	N SEE SEE	OT		5+	101 01)	Teach	er/Admir	nistra	tor				hools
B	be filed tal Hygi d other event, t	Be	17. Father's Nama (First, Middle, La	ist)				18. Mot	her's Name	(First, Middle	, Maiden Surnam	na)	
<u>8</u>	Aberts Aberts Fine e	To	W. Edward Zimmer	rman				Ka	theri	ne Yanı	nes		
ar)	of Paris		19a. informant's Name/Relationship	(Type, Print)		19b. Maili	ng Addrass (Stre	et and Num	ber or Rura	Poute Numb	er, City or Town,	Stata, Z	ip Code)
	Health and 2 sho Health and Nem 27 Is my other traum		Dorothy Zimmerma	an/Wife		4507	Maple A	venue	. Bet	hesda.	Marylan	d 2	0814
re	othe other		20a. Method of Disposition			Di -4 Di	sition (Name of matory or other p			Date	20c. Location -		Town, State
ě	Dallumore, permit. Pages 1 a Department of Hes Important: If Item eny injury or othe once.		1 ☐ Burial 2 🛣 Cremation 3 4 ☐ Donation 5 ☐ Other (Spe		State	nntonme	ry Crema	Atoriu	m Tn	1996	Bethesda	M:	rvland
=			21. Signature of Funeral Service Lic										
ä			10,13	1	M001	Re	bert A.	Pump	hrey	Funera.	1 Home/	Cha	sda-Chevy se, Inc.
_		_	any of	ann			setnesda	ı. Mar	viand	2081	4-3501		
			23a. Part1. Entar tha disease, or co shock, or heart failure. List or	nly one cause on ea	ach line.	ath. Do not en	er the mode of c	lying, such a	as cardiac o	r respiratory a	rrest,	1	Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Causa (Final							Onset and Death			
	Examiner		disease or condition rasulting In death)	a. Isc	Ischemic Cardiomyopathy							3 Years	
		5			Dua to	(or as a consec	quance of):						
	petr insit	Examiner		b									
	al-tra	Xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Dua to (or as a consequance of):							i		
68760,	n certificate be executed anding physician and use as the burial-transit	e	Cause (Diseasa or Injury that Initiated events	c									
89	ficate phy s the	in/Medical	resulting In death) Last  Due to (or as a consequence of):								1		
	Certi	3	d								-		
m	The lew requires that the death ate hes been signed by the atter page 2 should be detached for it		D. 11 Att. 1 111										
P.O.	es that the deati igned by the atte be detached for	Physicia	Part II. Other significant conditions	contributing to dea	ath but not re	esulting in the u	nderlying cause	given in Par	t I.				to the cause of death
0	that ed b	Be Completed by Ph			1				☐ Yes 2☐ No 3☐ Probably 4☐ Unkno				
S	sign d be				, , , , , ,					040 1440-		245 1	Vare autopsy findings
Ö	been s should									perfe	an autopsy ormed?	8	vallable prior to ompletion of cause
e e	hes 1											o	f death?
<u></u>										10	Yes 2 No	1	☐ Yes 2⊠ No
Division of Vital Records,	Physician: r this certific ral director,		25. Was case referred to medical examiner?						ca of Death	(Check only	ona)		
5	Physics of this of the sal dire	2	1 ☐ Yes 2 ☒ No	Hospital:	patient 2	☐ ER/Outpatier	t 3 DOA	Other: 4 🗆 N	Nursing Hon	ne 5 🖾 Resi	dence 8 □Oth	ar (Spec	ify)
L	ding P. After t	:uo	27. Mannar of Death 1 ⊠Natural 5 ☐ Pending	28a. Data o (Month	f Injury n, Day Year)	28b. Time of Injury	28c. In	jury at Vork?	2	8d. Describe	how Injury occur	red	
Sio	Attending or death. octor: Afte by the fune	cat	2 ☐ Accident investigat		n M		M 1						
$\Xi$	rect rect	Certification:	3 Suicide 8 Could not datamine	Zoe. Placa of Injury - At nome, farm, street, factory, onice   Zoi. Locat						ocation (Street and Number or Rural Route Number, lity or Town, State)			
	is af	Ö		Oily of Youri, State)									
	To the Hospital or Attanding Pri within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier 150 Certifying I	Physician: To the baminer: On the ba	oest of my kr	nowledge, death	occurred at the	time, date a	and place, a	nd due to the	cause(s) and ma	inner as	stated.
	the Pin 2		1 16	and manth	oy'stated		Congation, in m	y opinion, de	30000116	d at the time,	date and place,	and due	to the cause(s)
	To	Σ	29b. Signature and title of pertitier	( )	//		29c. Lice	nse number			29d. Dete signe		
	30+		> Solly	~>	U.	~	(10)	1) Mu	453	753	the fe	JI	31,1996
	1 9	. 1	30. Name and address of person wa	o admpleted cause	of death (Its	am 23a) (Type,	Print)						
	0.		Steven Sheris, M	I.D. Na	tional	Nava1	Medical	Cent	er	Bethe	sda, Mar	y1an	d 20889
	Sta	te	31. Date filed (Month, Day, Year)	32. Re	ojstrar's Sigi	natura							
	Registr	ar	SEP 0 4 1	996	who De	idson B.	delle						



State of Maryland / Department of Health and Mental Hygiene 96 279 | 2

			Certificate o	f Death	Re	eg. No.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Decedent's Neme (First, Middle, Lest)		A -		2. Dete of Deet	h	3. Time of Easth
Physician	JAMES	T.	ASHWORT	H	Month		Yeer 1996 11:50 m
/Medical Examiner	4e. Facility Neme (If not institution, give str	eet end number)		4b. City, Town, or L		4c. County of	
LAGITITIE	719 MAIDEN CHOICE	I.ANF. APT.	HR102	CATO	NSVILLE	RAT	TIMORE
Funcial			. last birthday) If Under 1 Yes				9. Birthplece (State or Foreign
Funerai Director	228-42-3957	7. Age (in yrs 84	Yrs. Months Dey	s Hours Min.	8. Dete of Birth (Month, Dey, APRIL 15	7 _{ear)} 1912	WEST VIRGINIA
death with the Manyland rms 23a or 28a-f show rms 23a or 28a-f show rms 23a or 28a-f show rms 23a or 28a-f show rms 23a or 28a-f show	10e. Stete 10b. County	10c. C	ity, Town or Location				10d. Inside City Limits
vith the Mary or 28a-f shi be notfried.	MARYLAND BALTIMOR	E	CATONSVILLE				1 L Yes 24 No
or 22	10e. Street end Number		10f. Zip Code		10	0g. Citizen of Wh	net Country?
th w	719 MAIDEN CHOICE	LANE, APT.	HR102 21	228		U.S.A	<b>1.</b>
- P 88 P	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	Wes Decedent Ever in the Armed Forces?  1  Yes 2 No 19 If Yes, Give Yeer or Dates: 19	J.S. 13. Was Decedent of if Yes, specify Ct 1 Yes 2 X N	f Hispenic Origin? (Spuben, Mexican, Puerto o Specify:	pecify Yes or No- Rican, etc.)		- American Indien, , White, etc. WHITE
I 21215-0020 led within 72 hours af ygiene. yor than "hatural", or nt, the Medical Exam Completed by F	15. Decedent's Educa (Specify only highest grade of	tion	16a. Decedent's Usuel Occ (Give kind of work don	upetion	kina	16b. Kind of Bus	
within sne. than he we	Eiementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use reti	red)	9		
		2	LIAISON C	FFICER		U. S. M.	IILITARY
D ETES	17. Fether's Name (First, Middle, Last)			18. Mother's Nem	e (First, Middle, N	Aeiden Sumeme,	)
Tarylan 2 should be and Mentel is marked o aumatic eve	PEECHE JASPER AS	HWORTH		BEULAH	F. TUC	GGLE	
Maryla d 2 should th and Men 7 is marke traumatic	19a. Informent's Neme/Reletionship (Type	Print)	19b. Mailing Address (Stre	et end Number or Ru	rai Route Number,	City or Town, S	tete, Zip Code) 21228
	BETTY ASHWORTH / W	IFE	719 MAIDEN C	HOICE LAN	E, APT. H	HR102, C	ATONSVILLE, MD
5 - x 2 4	20e. Method of Disposition		Pleca of Disposition (Neme of cametery, cremetory or other p	(aga)	Dete 2	20c. Location - C	ity or Town, Stete
Baltimore, permit. Pages 1 ar permit. Pages 1 ar limportant: If item; any injury or other once.	1 Donetion 5 ☐ Other (Specify)	novel from Stete	LINGTON NATION		EPT. 25, 1996	ARLINGTO	ON, VIRGINIA
Ball Departimon important	21. Signeture of Funerei Service Licensee	Dime		ARK FUNERA		IMORE, M	MARYLAND 21229
	23a. Pert1. Enter the diseese, of complice shock, or heart feilure. List only one	tions that caused the dee					Approximate Interval Between
Physician /Medical Examiner	Immediate Cause (Final disease or condition resulting in deeth) e	Metastata	Concument - (	Inlanous	punnony		Mortas
ox 68760, certificate be executed rightly sold and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the buriel-transit and like as the	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest		or as e consequence of):				
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P.O. hat the d by the detached	Pert II. Other eignificant conditions contril  DIABETES	outing to death but not re	sulting in the underlying cause	given in Pert I.			ribute to the cause of death? 3 Probably 4 Unknown
Record le law requil hes been s ye 2 should mpleted	ATRIAL FIBRIC	LATIOU.			24e. Wes er	ned?	24b. Were autopsy findings available prior to completion of cause of death?
= F # 8 0					1 ☐ Ye	s 2 De No	1 ☐ Yes 2 ☑ No
f Vital Rysician: The securificate director, pag	25. Wes case referred to medical examiner?	=14 = 1.			th (Check only on	e)	
Of Vital Physician: T this certificat ral director, pr	TILI TES ZENTINO		ENVOURPATIENT 3LI DOA		ome 5 Reside		
Division of To the Hospital or Attending Physiwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral directorial of the funeral directorial Certification: To	1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Day Year) 28e. Place of Injury - At I building, etc. (Speci	28b. Time of Injury M 28c. In W 11	☐ Yes 2☐ No	28f. Location (Str City or Town	reet and Number	d r or Rural Route Number,
the Hospital of in 24 hours at the Funeral Dipletally filled in ledical Ce	29e. Certifier (Check only one)  Certifying Physic 2 Medical Examinat	an: To the best of my known the basis of examination and menner steted.	owledge, death occurred at the etion and/or investigation, in my	time, date and placa, y opinion, death occur	and due to the ca red at the time, da	iuse(s) and man ate end place, an	ner as stated. id due to the cause(s)
Tott within Common	29b. Signeture and title of cartifier	- hala	29c. Lice	nse number ) 2647			(Month, Day, Year) 2- 18,1996

State Registrar

31. Dete filed (Month, Dey, Year) SEP1 9 1996

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

SERNARD F LOSKY, MD 711

711 MAIDEN CHOICE LAND, 21228



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician	
/Medical	
Examiner	

1. Decedent's Nema (First, Middla, Last)

2. Data of Death

3. Time of Death 4:30 P.M.

1 Yes 2000

White

Approximeta Intarval Between Onset and Death

2 weeks

**Funeral** Director

Director Funeral

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelih and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be not that an once.

þ

Completed

Be

2

Examiner

Physician/Medical

altimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

**Physician** /Medical Examiner

i or Attanding Physicism: The law requires that the death certificate be executed efter death.

Director: After this certificate has been signed by the ettending physician end burial-transit physician the burial signed by the e In by within 24 hours e To the Funeral D completely filled I

Month ASHTON Jack Anastasio September 17,1996 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Franklin Square Hospital Rossville Baltimore If Undar 1 Yaer | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Months 1 ☑ M 2 ☐ F 213-03-6272 Yrs. 90 Dec. 1.1905 Italy Usual Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Dundalk 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 2808 Creston Road 21222 United States 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indien, Black, Whita, atc. 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 Nevar Married 21 Married 1 ☐ Yas 2 ☑ No Specify: Specify: 3 Widowed 4 Divorced WWII 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 6 Years Manufacturina Machinist 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Pasquale Anastasio Bendetta Fulco 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Velva Ashton/Wife 2808 Creston Road Dundalk, Maryland 21222 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) Data 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☑ Cramation 3 ☐ Removel from Stata Hilltop Service Corp. 9/20/96 4 ☐ Donetion 5 ☐ Other (Specify) Towson, Maryland 21. Signeture of Fame Service Licensee 22. Neme end Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Entar the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. Let unit una cause on each line. fmmediata Causa (Final a Metastatic prostate carcinoma disassa or condition rasulting in death) Dua to (or as a consequence of): Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Diseasa or Injury thet initiated evants rasulting in daath) Last Due to (or as a consequence of) Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown spinal cord compression 24a. Was an autopsy performed?

þ Completed 24b. Wera autopsy findings available prior to completion of cause of death? Old myocardial infarction 2 No 1 ☐ Yas 2 ☐ No Be 25. Was casa referred to medicai 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) ည 1 Yas 2 No 1⊠ inpatiant 2□ ER/Outpatiant 3□ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. fnjury at Work? 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 6 Could not be datermined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of injury - At homa, farm, streat, fectory, offica building, etc. (Specify) 4 Homicida 15 Certifying Phyeician: To the bast of my knowledge, daeth occurred at tha tima, date end pleca, end dua to the ceuse(s) end mannar as stated.

2 Medicaf Examiner: On the basts of examination and/or invastigation, in my opinion, daath occurred at tha tima, dete end plece, and dua to the cause(s) end mennar stated. 29a. Cartifier Medical (Check only one)

29b. Signature and titla of cartifiar

29c. Licansa number

29d. Data signed (Month, Day, Year)

Homas SUPERVISING MEDICAL ATTENDING

1) 48206

09.17.96

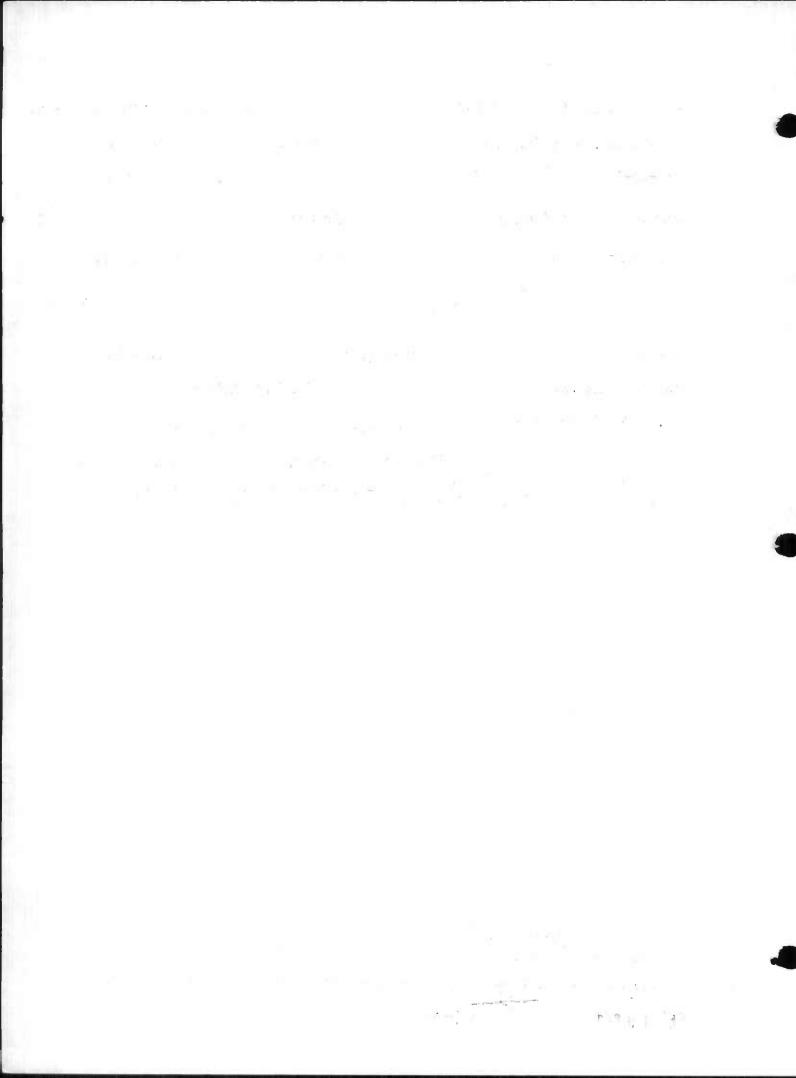
30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

Dr. Thomas Kottarathil 9000 Franklin Square Dr. Baltimore, Maryland 21237

Registrar

31. Date filed (Month, Day, Year)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death THESIE BIBBY 5.30 AM SEPT 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deat NIA Balto brthwest OSPI if Under 1 Year if Under 24 Hrs. 8. Dete of Birth
Months Days Hours Min. (Month, Day, Year) 9. Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) 10 M 20 F Months Days 214-20-6600 Yrs Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits NIA Balte Yas 2□No 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda U.S.A Vanverel 20 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, apecify Cuban, Maxican, Puarto Rican, atc.) 11. Maritel Status 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No if Yas, Giva Year or Datas: 1 Nevar Married 2 Married 1□ Yas 2XNo 3 Widowed 4 Divorced 18a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Nursing Worker 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middle, Majden Surnema) Brooks Koss K055 12abeth 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Ba Husband Bibby-10, Vanyrerrell 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Lacation - City or Town, Stata Data 1 Burial 2 Crametion 3 Ramoval from Stata
4 Donation 5 Othar (Specify) 12196 Memma 22. Nama and Addrass of Facility 300 Ce wabash 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heer failure. List only one ceuse on each line. Approximete Interval Between Onset and Death Immediata Causa (Final disease or condition rasulting in daath) METASTASIS LEADING TO SETZURES 9 DAUS BREAST CARCINOMA Dua to (or es e consequance of) 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yas 21 No 2 00 No

**Physician** /Medical Examiner

physician and the burial-transit

Division of Vital Records, P.O. Box 68760,

or Attending Physician:

funeral

Examiner

Physician/Medical

À

Completed

Certification:

**Physician** 

/Medical

Examiner

10a. Stata

10

Director

Funeral

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Completed

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**Funeral** 

Director

? is marked other than "natural", or hems 23s or 28s-f shor traumetic svent, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be tiled within 72 hours after Department of Health and Mental Hygiene.
Important: If them 27 is marked other than "natural", or health follow or other traument.

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

HYPER GLYCENIA

5 Panding

8 Could not be datarmined

25. Was case referred to medical axeminar?

1 Yes 2 No 27. Manner of Death

Hospital: 1 Dinpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) invastigation

28a. Place of Injury - At homa, farm, atreet, factory, office building, atc. (Specify)

28c. Injury at Work?

Other: 4 Nursing Homa 5 Rasidanca 8 Other (Specify) 28d. Dascribe how Injury occurred

1 ☐ Yas 2 ☐ No

5401 OLD COURT RD.

RANDAUSTOWN

28. Placa of Death (Check only ona)

29a. Certifian (Check only one)

1 Natural

2 Accidant

3 Sulcida

4 Homicida

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to the causa(a) and mannar ss stated.
2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and dua to the cause(a) and mannar stated.

29b. Signeture end title of cartifies Hon

29c. License number

29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

To the Hospital or Attanding Ph-within 24 hours efter death. To the Funeral Director: After thi completaly filled in by the funeral

30. Nema and addrass of person who complated causa of death (Itam 23a) (Type, Print)

BG 4439128

18 SEPT

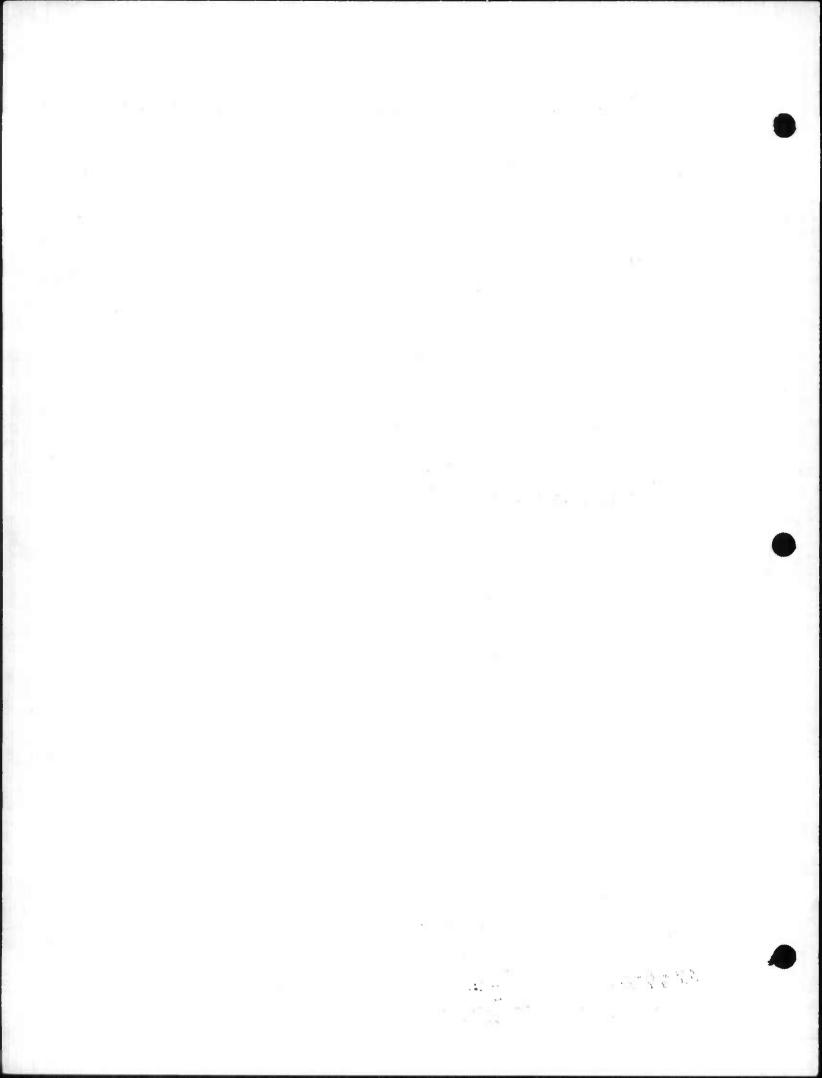
MD

21132

THOMAS GEORGE 31. Described (Month, Day Year) State

NORTHWEST HOSPITAL CENTER

Registrar



ITEMS: 10e,10f,20b, PER F'.H. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene FILM9-739 9/19/96 t.t Certificate of Death 1 Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 15AM 4b. City, Town, or Location of Deeth 4c. County of Death rnes Ka. /Medical 4a. Fecility Neme (If not Institution, give street end number) Examiner Joseph Richie Hospice Baltimore n/a 7. Age (In yrs. last birthdey) If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Sex 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 2EJK 42 Yrs. 217-66-4616 1954 Director June MD Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mental hygiene. Important if item 27 is marked other than "nature." 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No MD Director n/a Baltimore 10e. Street end Number 42 N. CULVER ST. 10f. Zip Code 10g. Citizen of What Country? ·21286 21229 Culver Rd. USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritel Stetus Bleck, White, etc. ∄ Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Š Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Laborer 10th Eskay Meats 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be To Frederick Barnes Mabel Banks 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vanessa Barnes/sister 566 Orchard St. Balto., MD 21201 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 9/20 Pate 1 Surial 2 ☐ Cremetion 3 ☐ Removel from Stete Mt. 4 ☐ Donetion 5 ☐ Other (Specify) Zion Baltimore, MD 22 Neme end Address of Fecility James A. Morton & Sons Funeral Home 21. Sumure of Funeral Service Licenses 1701 Laurens St. Balto., MD 21217 232 Part Ertain the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or hain t failure. List only one cause on sect line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Finel disease or condition resulting in deeth) Curdia a arrest nunts Examiner Examiner dancer physician and the burial-transit certificata be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last ple to (or es e consequence of): unknown Box 68760, Physician/Medical Due to (or es e consequence of): usa as t jo Pert If. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Uhknown þ 24b. Were autopsy findings avellable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peeu has certificata 1 Yes 22 No 1 ☐ Yes 2 ☐ No Physician: director, 25. Wes cese referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitei: 9 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury at Work? 1 Neturai 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No investigetion

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Day, Year)

Division of Vital or Attending Hospital

> State Registrar

filled in by

etaly

Medical

hours a

24 hours

To the complet 8

2 Accident 3 Sulcide

4 Homicide

(Check only one)

29b. Signeture and title of certifier

Untharme

29e. Certifier

6 Could not be determined

HOSPILL tosepm 14 Chey 31. Dete filed (Month, Dey, Year) SEPT 9

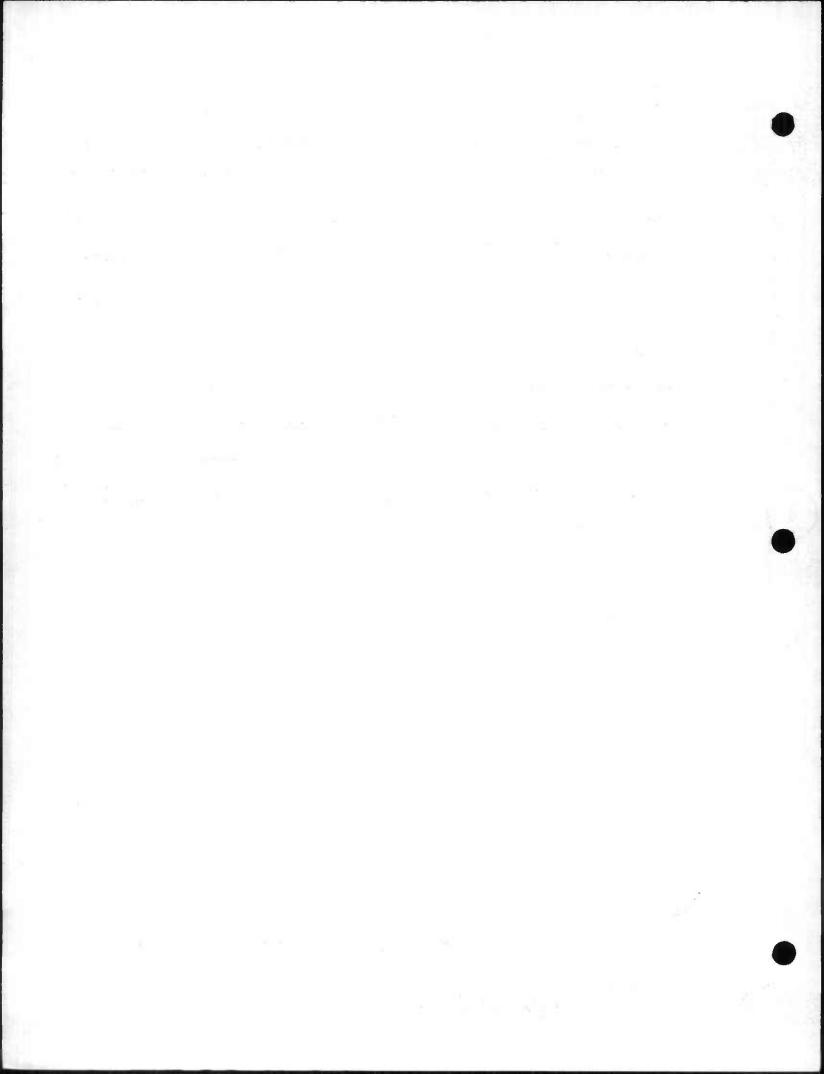
30. Name and address of parson who completed cause of death (Item 23a) (Type, Print)

28e. Plece of fnjury - At home, ferm, street, fectory, office building, etc. (Specify)

Hawon MD

Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.



CENTER, RANDALLSTOWN

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Deta of Death / Yaar Dey **Physician** Month CLAIRE BORNFRIEND SEPTEMBERILA 2:10 PM /Medical 4e. Facility Nema (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** RANDALLSTOWN BALTIMIORE NORTHWEST HOSPITAL CENTER | Months | Days | Hours | Min. | 8. Date of Birth (Month, Day, Year) | 1915 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 10 M 20 F 171-05-5171 Yrs. Director Usuei Residence of Dacadant the Maryland Show 10a. Stata 10b. County 10c. City, Town or Location or 28a-f show a notified at 10d. Insida City Limits MD Director N/A BALTIMORE 1 XYas 2 No 10e. Straet end Numbar 10f. Zip Code 10g. Citizan of Whet Country? 7 is marked other than "natural", or items 23s or traumstic event, the Madical Examiner must be r 5707 RONNY ROAD 21209 USA pemilt. Pages 1 and 2 should be filed within 72 hours effer death a Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 284 any injury or other traumatic event, the Madical Experience 2002. Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 14. Rece - Amarican Indian, Biack, White, etc. Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Navar Married 2 Married 1 ☐ Yes 2 ☐ No If Yas, Giva Yeer or Detas: Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: ģ Specify: WHITE 3 ☐ Widowad 4 ☐ Divorced Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) TEACHER ART 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) SAMUEL KRAMER **BECKY** RTCHMAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) WILLIAM BORNFRIEND (HUSBAND) 5707 RONNY ROAD; BALTIMORE, MD 21209 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 

Bunai 2 □ Cremation 3 □ Ramoval from State
1 □ Donation 5 □ Other (Specify) BALTIMORE HEBREW 9-16-96 REISTERSTOWN, MD 21. Signature of 22. Nema end Addrass of Facility SOL LEVINSON & BROS., INC X 8900 Reisterstown Road Pikesville, MD 21208 antar the mode of dying, such as cardiac or raspiratory arrest, Approximate Approximate Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final & ACUTE MIYOCARDIAL INFARCTION 5 0 A / S disaase or condition rasulting in death) Examiner Dua to (or es a consequence of): Examiner sician and burial-transit the death cartificate be executed Sequentially list conditions, if any, laading to immediata cause. Entar Undarlying Cause (Disease or Injury that initiated events rasuiting in death) Last Dua to (or as e consequence of): Box 68760. ed by the attending physician detached for use as the buria Physician/Medical Dua to (or as a consequence of): Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? been signed by should be detact 1 Yas 2 No 3 Probably 4 Ponknown Records. p 24b. Ware autopsy findings eveileble prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 □ Yas 2 □ No certificate Division of Vital Attending Physicien: 25. Was case raferrad to madical 8 28. Placa of Daath (Check only ona) Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 1 Yas 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 this 28a. Data of Injury (Month, Dey Year) 27. Menger of Death 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred After 5 Panding Invastigation To the Hospital or Attending within 24 hours efter death, To the Funeral Director: Afte completely filled in by the fune 1 Natural 1 Yas 2 No 2 Accident 6 Could not ba detarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Plece of Injury - At homa, farm, streat, factory, office bullding, etc. (Specify) 4 Homicide 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifian 29b. Signeture and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) K.S.RAO.MI.D D 43462 SEPTEMBER 13, 96

Registrar

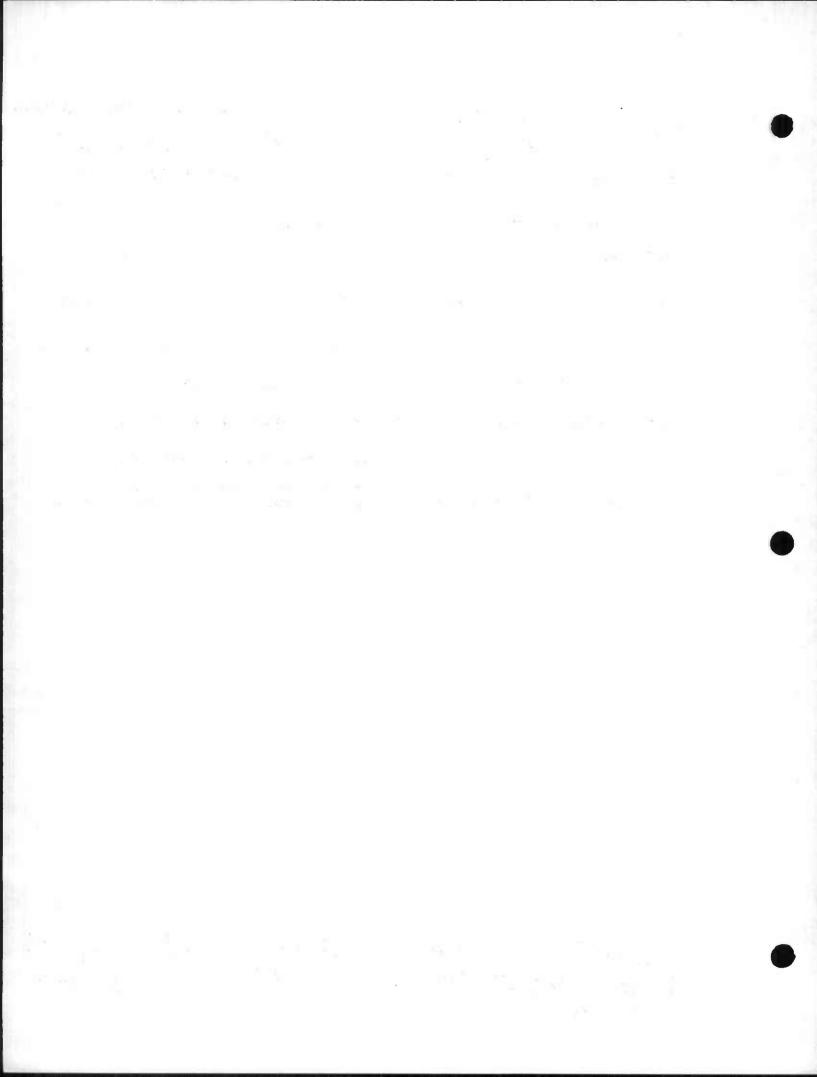
31. Data filed (Month, Day, Year) SEP1 9 1996



30. Nama and addrass of person who completed cause of daath (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 96 279 17

				Ce	ertificate of	Death		Reg. No.	1 1
Discontinuity		1. Decedent's Nama (First, Middla,	Last)				2. Data of D	eath	3. Tima of Death
	ician dical	William J	Borino	7			Scoter	Mar 14	門6 2:25 AM
	niner	4a. Facility Nama (If not Institution,	giva street and number)	, ,		4b. City, Town, or		th 4c. County	
		North Arvin	del Hospi	14/			11/10/11	O. Anne	Arunde 1
Funer Direct		5. Social Security Number  216-16-5534  Usual Rasidance of Decedant	100M 200E	yrs. last birthday 4 Yrs.	Months Days	Hours Mir	(Month, D	rth ay, Year) 16, 1922	9. Birthplaca (Stata or Foraign Country)
and *-		10a. Stata 10b. County	10	c. City, Town or L	ocation				10d. Insida City Limits
he Maryl 28a-f ehc	ector	Md Anne A			Pas	sadena			1 ☐ Yas 2 M No
23a or 2	Funeral Director	1205 June Way			10f. Zip Coda 21.	L22		10g. Citizen of W	
d within 72 hours after deeth with the Maryland jiene. I than "natural", or flema 23a or 28a-f ehow the Modical Examiner must be notified at	by Fune	11. Marital Status  1 Navar Married 2 Marrie  3 Widowed 4 Divorced	M Man Ohio	rin U,S. 13	. Was Decedent of I If Yas, specify Cub 1 ☐ Yas 2 ☑ No	an, Maxican, Pua	Specify Yas or Norto Rican, atc.)		a-Amarican Indian, k, Whita, atc. White
72 ho	e e	15. Decedant's (Specify only highast		16a. Dec	edant's Usual Occup	pation	orkina	16b. Kind of Bus	sinass/Industry
d within giene. or then	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+)		a kind of work dona DO NOT usa retire Machinist	d)	Jinnig	Crown,	Cork and Seal
2 should be filed with and Mental Hygiene. Is marked other than aumatic event, the M	To Be C	17. Fathar's Nama (First, Middla, Li Mason B	oring				ama (First, Middle mie Be	, Maiden Sumame CK	a)
Health and Mer Health and Mer Hem 27 is marke		19a. Informant's Name/Relationshi Linda L. Reed	/ Daughter		ing Address (Street			er, City or Town, S aryland	
8 7 7		20a. Mathod of Disposition  1 ■ Burial 2 □ Cramation 3  4 □ Donation 5 □ Other (Spa	☐Ramovai from Stata	cematary, cri	position (Nama of amatory or other pied of Faith (		Data /16/96	20c. Location - (	City or Town, Stata e, Md.
permit. Page Department of Important: If any Injury or	BUCE	21. Signatura of Funaral Sarvice Li	censee	h i		y Funera		f Pasade	na Md. 21122
0		23a. Part1. Entar tha disease, or c shock, or heart failura. List or	omplications that caused tha	death. Do not as		ountain : ng, such as cardia			Approximata Interval Between
Physicia /Medica Examine	al er	Immediata Causa (Final diseasa or condition rasulting in death)	a. CEREBO Due CHRONIC	ZOVASCU to (or as a conse	Paguance of):	Acco	ENT		Onset and Death
and and I-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	b	to (or as a conse	1 1	7-41-00	,		
ertificate be executed Jing physician and se as the burial-transit	Medical E	cause. Entar Undarlying Ceuse (Diseasa or Injury that Initiated events rasulting In death) Last	c. Dua	to (or as a conse	quance of):				
eath certific attending p			d						
atten for u	clar								
y the	Physician	Part II. Other significant condition	s contributing to death but no	ot rasulting in tha	undarlying cause gi	van in Part I.		_/	tribute to the cause of death?  3 Probably 4 Unknown
law requires that les been signed b 2 should be deta	Completed by							an autopsy omed?	24b. Wara autopsy findings available prior to completion of cause of death?
The ate h	Com						1 🗆	Yas 20 No	1 Yea PONO
ysician: The s certificate director, pag	Be	25. Was casa rafarred to medical axaminar?	1			26. Piaca of De	eath (Check only	ona)	
5 00	2	1 ☐ Yas 2 ☑ No	Hospital: Impatiant	2 ER/Outpatie	IN SLI DOA		Homa 5□ Ras	dance 6 Otha	r (Specify)
After fune	ation:	27. Manger of Death 1 Natural 5 Panding 2 Accident Invastiga		ar) 28b. Time Injury	Wo	ryat rk? Yas 2 □ No	28d. Dascribe	how injury occurre	be
5 to to	Certification:	3 ☐ Suicida 6 ☐ Could no datarmin	28a. Place of Injury - building, atc. (S	At home, farm, s pecify)	treat, factory, office		28f. Location ( City or To	Street and Numbe wn, Stata)	er or Rural Routa Number,
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical	29a. Certifier To Certifying (Check only one)	Physician: To the best of my aminer: On the basis of axa and mannar stated.	y knowledga, daa mination and/or li	th occurred at the time	ma, data and place opinion, daath occ	e, and dua to the urred at the time,	cause(s) and man data and place, a	nnar as stated. nd dua to the cause(s)
To the To the	ž	29b. Signature and titla of certifiar			29c. Licans	a number		29d. Data signed	(Month, Day, Year)
		Sortin	1	AN	D 43	911		September	14 1996
		30. Name/and alidness of person wi	io complated causa of daath ETWT - 3	(Itam 23a) (Type	Print)	INF. G	en sur	NIE 1	MD. 21061
Regi:	State strar	31. Data filed Month, Day, Yaar) SEP 1 9 1996	Sina Darkdson	anatura e	7.				



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death Month September 17 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Medical Center 2600 Liberty Heights Baltin 6. Sex 1 □ M 2 1 F Aga (In yrs. last birthday) 5. Social Sacurity Number Birthplace (State or Foreign Country) 217-17-0 444 Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 N Yes 2 No Maryland 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 3806 Woodhaven U.S. F Hvenue 12. Was Decedant Evar In U,S. Armed Forces? 1 Yes 22 No If Yes, Give Year or Dates: 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2 No Specify Black 3 X Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) maker Domestic 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Lucius Newkirk 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 20b. Placa of Disposition (Name of command, crematory or other place) 20b. Placa of Disposition (Name of command, crematory or other place) September 20c. Location - City or Town 20a. Method of Disposition 206. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Holly Hill 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Carlton C. Douglass Funeral 21. Signature of Funeral Service License Service, 1701 McCultoh Street, Bultimore, mary 1 and 21217 23a. Part I. Enter the disease, or complications that boused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximately and the service of the shock, or heart failure. List only one cause of mich line. Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? emaloma 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminer? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA

physician and s the burial-transit Box 68760, Division of Vital Records, P.O. or Attending Physician:

After

after death.

24 hours a

Te the F 2

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

**Funeral** 

Director

nem 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death w. Department of Health and Mental Hygiene. Important: if fem 27 is marked other than "naturel", or flems 23a any injury or other traumatic event

Physician /Medical

Baltimore, Maryland 21215-0020

Physician/Medical þ Completed Be Certification: 3 Sulcide 4 Homicide

1 Yes 2 No

28a. Date of Injury (Month, Day Year) 28b. Time of fnjury

28c. Injury at Work?

28d. Describe how injury occurred

27. Manner of Death 2 Accident

5 Pending investigation 6 Could not be determined

1 ☐ Yes 2 ☐ No 28e. Placa of fnjury - At home, farm, straat, factory, office building, etc. (Specify)

-1 berty

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifian (Check only one)

HaFez

Certifying Phyalcfan: To the best of my knowledga, daath occurred at the time, date and placa, and due to tha cause(s) and manner as stated.

2 Medicat Examiner: On tha bests of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to tha ceusa(s) and manner stated.

29b. Signature and Itia of certifier

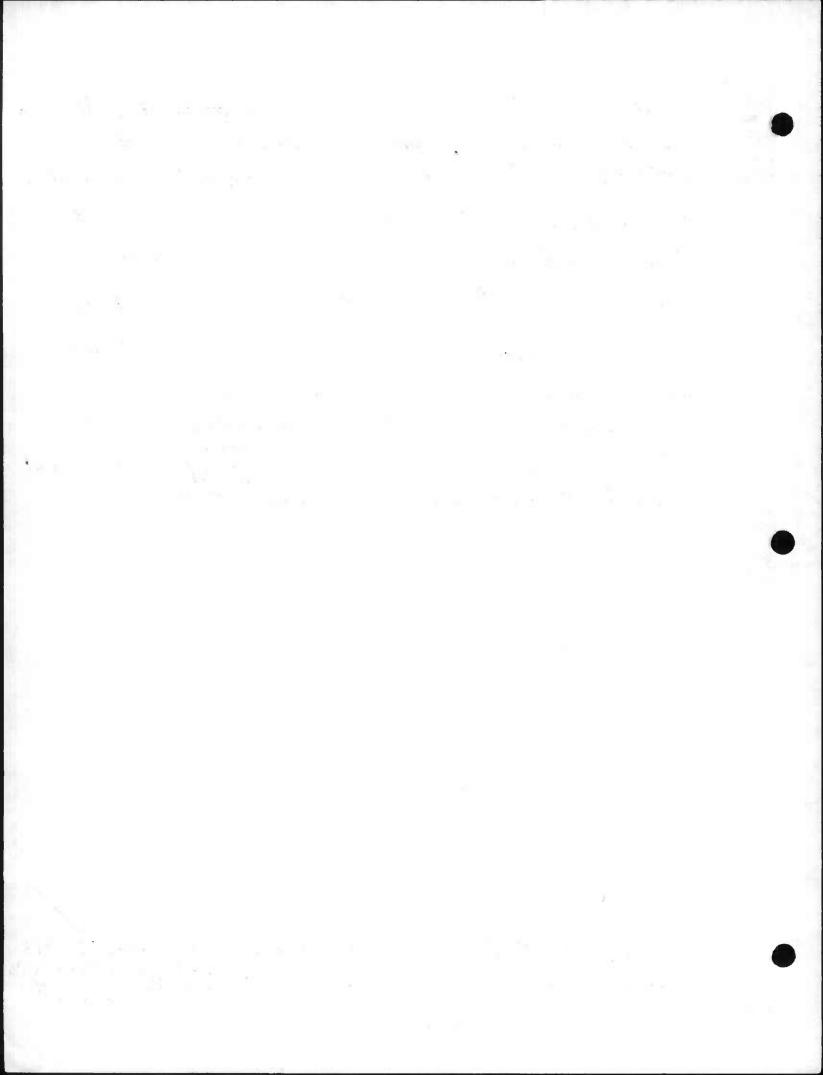
29d. Date signed (Month, Day, Year)

30. Name and address of parson who completed cause of death (Item 23a) (Type, Print)

Zrebeel

Medical Center

State Registrar 32. Registrar's Signature

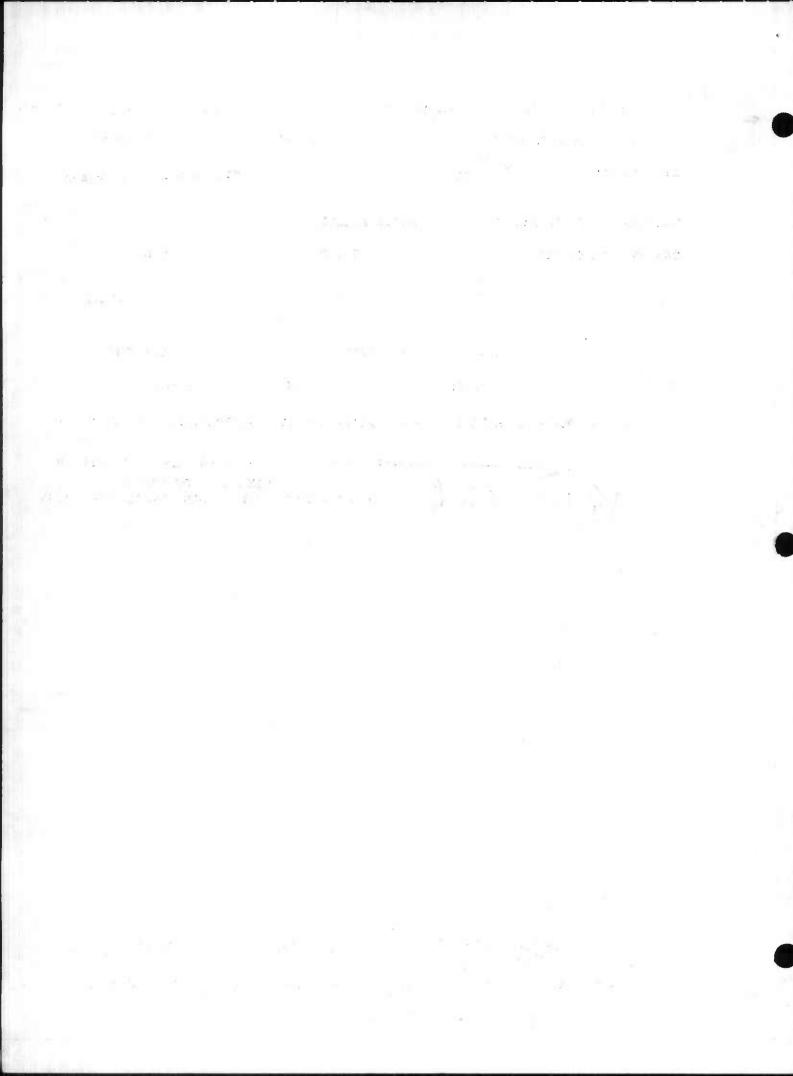


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		•	(	Certificate o	f Death	Re	g. No.	61313
Physici /Medic		1. Decedant's Nama (First, Middle, Last)  Brenda Kaye	2_	Brow	UN	2. Data of Death Month	1	3. Tima of Death
Examir		4a. Pacility Nama (If not institution, give streat and number)  917 ChA 11ce	Re	pad	4b. City, Town, or Sec	Location of paath	4c. County of I	Death
Funeral Director		158-34-0483 ^{1□ M 2} 52	n yrs. last birth	nday) If Undar 1 Yas Months Day		. (Month, Day,	^{yaar)} 19,1944	Birthplaca (Steta or Foraign Country) NEW JERSEY
death with the Maryland rms 23s or 28s-1 show rms to nouried st	_	Usual Rasidance of Decedant  10a. Stata 10b. County 10	c. City, Town	or Location				10d. Inside City Limits
the M	Director	MARYLAND ANNE ARUNDEL  10e. Street and Number		SEVERN			- IVer	1 ☐ Yes 2 🔀 No
th with		7917 CHALICE ROAD		10f. Zip Code		10	g. Citizen of Wha	
n 72 hours after death with the Maryla "natural", or items 23a or 28a-f show ad call Examine must be notified at	by Funeral	11. Marital Status  1 Never Marriad 2 Married  3 Widowed 4 Divorcad  12. Was Decedent Evar Armed Forcas?  1 Yas, Giva Yaar, or Datas:	in U,S.	13. Was Decedant of If Yas, specify Co		Spacify Yes or No- to Rican, atc.)		American Indian, Whita, atc. BLACK
in 72 ho	Completed	15. Decedant's Education (Specify only highast grada complated)	1 6	Decedant's Usuel Occ Giva kind of work don lifa. DO NOT usa rati	na during most of wo	orking	6b. Kind of Busin	ass/Industry
d within giene. r than "	omo	Elamantary/Secondary (0-12) Collage (1-4or 5+) 12 N/A		CUTIVE SE			PFIZER M	EDICAL SYSTEM
be filed htal Hygi d other event, it	Be C	17. Fathar's Nama (First, Middle, Last)			18. Mothar's Na	me (First, Middla, M		
should be nd Mental marked o	To		LLIAMS		RACHEL		м.	JONES
ges 1 and 2 should it of Health and Mer If Item 27 is marke or other traumatic		19a. Informant's Neme/Ralationship (Typa, Print) MR. LLOYD R. BROWN (HUSBAND)		Mailing Addrass (Stra 17 CHALIC				
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Department of Important: If I any Injury or once.		21. Signatura of Eugaral Service Licensee		22. Name and Add	dress of Facility S	INGLETON	FUNERAL	
		23a. Part1. Entar the disaasa, proomplications that caused the shock, or haart failure. But only one cause on each line.	death. Do no					Approximata Interval Between
Physician /Medical Examiner			Ro (or as a co	epirations advance of):  5cle1	ory FA	ilure		Onsat and Death  UNK
rtificate be executed ng physician and as the burial-transit	i Examiner	Sequantially list conditions, if any, leading to Immadiate cause. Entar Underfug Causa (Diseasa or Injury	to (or as a co	Scle1	ro 515			
E 0 0	n/Medicai		to (or as a con	nsaquance of):				
o death	Physician/	Part II. Other significant conditions contributing to death but no	t rasuiting in t	ha undarlying causa (	givan In Part I.	23b. Did tob	acco use contrib	oute to the cause of death?
res mat me deam igned by the atter be detached for u	by Phy					1 🗆 Ye	8 2□No 3[	Probably 4 Unknown
The law requires that the death ce is the has been signed by the attendi page 2 should be detached for use	Completed					24a. Was an perform		4b. Ware autopsy findings available prior to complation of causa of death?
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rrthis eral di	5: To	27. Mannar of Death 1 Delatural 5 □ Panding (Month, Dey Yea		allelit SLI DOA	4 Li Nuising F	lome 5 Aasidar 28d. Dascribe hov		Specify)
death. ctor: After y the funer	ation	1 Matural 5 ☐ Panding (Month, Dey Yea 2 ☐ Accident investigation	ar) Inju		ork? □Yes 2□No			
s after death	Certification:	3 ☐ Suicida 6 ☐ Could not be determined 28e. Plece of Injury - building, atc. (See Light Coulding atc.)	At homa, farm	n, streat, factory, office	е	28f. Location (Stra City or Town,	aat and Number o Stata)	r Rural Routa Number,
n 24 hou n 24 hou ne Funer pletely fill	edicai	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my one)  1 Medical Examinar: On the basis of axar and mannar stated.	knowledge, d minetion and/o	death occurred et that or investigation, in my	time, dete end plece opinion, deeth occu	a, and dua to the cau erred et the time, del	ise(s) and menne a and place, end	r as stated. due to tha cause(s)
To the total	2	29b. Signature and titla of certifier	)epu	19	nsa number		d. Data signed (M	Ionth, Day, Year)
	-	30. Nama and address of person who completed causa of death	(Itam 23a) (T)	/pe, Print)	95 /	2	1/17	/14
6		William P. Jones	, m	06	95 /	meri	CA	21035
Stat	te	31. Data filed (Month, Day, Year) 32. Registrar's S	Signatura	•				

State of Maryland / Department of Health and Mental Hygiene 96 27920

			•		Certificate of	Death		Reg. No.	0 2	1320
Phys	ician	1. Decedent's Name (First, Middle, L.		i	1		2. Date of De Month	oalh Day	Year	3. Time of Death
	dical	Lillian		2010	nder		Septemb	1 -	1996	3:30 41
Exan	niner	4a. Facility Neme (If not institution, gi				4b. City, Town, or L	ocation of Deel		ty of Deeth	
		AUGSBURG LUTHER				LOCKERN			TIMORE	<u> </u>
Funera Directo		218-48-2470	Sex 7. Age (In yr. 1		thday) If Under 1 Year Yrs. Months Days		8. Date of Bit (Month, De 07-16-		9. Birthple Countr	**
PL &	7	Usual Residence of Decedent  10a. State 10b. County	100 (	Pilv Tour	n or Location					
sho	2								10	d. Inside City Limits
he M	Director		ARUNDEL	I	MILLERSVILL	E				1 □ Yes 2√2 No
with with	급	10e. Street and Number 884 OAKDALE CIRC	I.E		10f. Zip Code 21108	3		10g. Cilizen of U.S.A		y?
eath ma 23	era	11. Marital Status	12. Was Decedent Ever in	11.5			poolfu Vee or No		ce - Americe	n Indian
re, Maryland 21215-0020  1 ed 2 should be filed within 72 hours after death with the Marylend Health and Mental Hygiene. 1 marked other than "natural", or items 23s or 28s-4 show other traumatic event, the Marical Examiner must be notified at	by Funeral	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	0,0.	13. Wes Decedent of If Yes, specify Cub		Ricen, etc.)		ack, White, et	tc.
5-0 72 ho	e e	15. Decedent's E (Specify only highest gr	ducetion	16a.	Decedent's Usual Occu (Give kind of work done	pation	kina	16b. Kind of E	usiness/Indu	ustry
within ene.	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	-	life. DO NOT use retire	ed)	(III)			
d 212 filed with Hygiene. rher tha	ပ္ပ	8	N/A		HOMEMAKER			OWN	HOME	
al Hoth	Be	17. Father's Name (First, Middle, Las				18. Mother's Nam	ne (First, Middle		me)	
should be not Mental merked o	2	JOHN	DITT	IAR		LENA		STAHLE		
Maryland od 2 should be file th and Mental Hy 7 is merked oth traumatic event		19a. Informant's Name/Relationship	Type, Print)		. Mailing Address (Stree					
re, M 1 end 2 Health 1 m 27 l		MR. WAYNE N. BOL	ANDER SR(SON)	88	34 OAKDALE	CIRCLE, M	ILLERSV	ILLE, M	D. 211	08
Baltimore, permit. Pages 1 en Department of Heal Important: If Item 2 any injury or other		20a. Method of Disposition 1   Burial 2 □ Cremation 3		Place of	Disposition (Name of y, cremetory or other ple	ece)	Date	20c. Location	- City or Tow	m, State
Pages nent of I		4 Donation 5 Other (Speci		EDAR.	HILL CEMET	ERY	9/19/96	BROOK	LYN PA	RK, MD.
mit.	A STATE	21. Signeture of Funerai Sovice Lice		//	22. Name and Addr		NGLETON			
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		23a, Part1 Enter the disease or con shock or heartifallure. Let only	cliestions that caused the de	1080					- 1	Approximate
l Physicia:	1	shock, or hearmanure car only	one cause on each line.							Interval Between Onset end Death
/Medica		Immediate Final disease or condition	-		1	+ 6-1			1	1
Examine	r	resulting in death)	***	3794	consequence of):	it fail	ve	-		1 year
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oxec in an	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury				1.				
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S th	8	resulting In death) Last	50010	01 05 0 0	orisequence ory.	,				
	Z		d							
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that	by P						10	Yee 2□ No	3 Proba	ably 4 Unknown
Division of Vital Records, to Attending Physician: The lew requires trainer death.  Director: After this certificate has been signe in by the funeral director, page 2 should be can be a fine by the funeral director, page 2 should be can be a should be can be seen signed in by the funeral director, page 2 should be can be seen signed.							24a. Was	an autopsy	24b. Wer	e autopsy findings
O S sed sed sed sed sed sed sed sed sed sed	ete						perfo	rmed?	com	lable prior to
Re lev	Completed									eath?
of Vital Re hysician: The le his certificate hes al director, page 2		or week					10	Yes 2 No	10	Yas 2□ No
VII	Be	25. Was cese referred to medical exeminer?	Hospital:		0	26. Place of Deal				
Phys this	-T	1 Yes 25€No 27. Manner of Death	1 Inpatient 2L	ER/Ou	tpatient 3LI DOA	4 Nursing Ho	ome 5 Resi			
VISION Of VITA Attending Physician: or death. ector: After this certific by the funeral director,	Certification:	1XXNatural 5 ☐ Pending	28a. Date of Injury (Month, Dey Yeer)	28b. T	njury Wo		280. Describe	how Injury occu	rred	
Sic teat tor:	Ca	2 Accident Investigatio				Yes 2□No				
or At	ŧ	4 ☐ Homicide determined	28e. Piace of Injury - Al I building, etc. (Spec	nome, fai <i>ify)</i>	rm, street, fectory, office		28I. Location (	Street end Num vn, State)	ber or Rurel I	Route Number,
les de les les les les les les les les les le		00 0 10 44								
Division of the Hospital or Attending Phywithin 24 hours after death.  To the Furerel Director: After this completely filled in by the funeral	edical	29a. Certifier Certifying Ph (Check only 2 Medical Exar	ysician: To the best of my kn niner: On the basis of examin and manner stated.	owledge, atlon and	, death occurred at the ti For Investigation, in my	me, date and place, opinion, death occur	and due to the red at the time,	cause(s) and m date and place,	anner as stat and due to t	ted. he cause(s)
of the	₹ e	29b. Signature end litle of certifier			29c. Licens	se number		29d. Dale signe	ed (Month, D	ev. Year)
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		On Name and did			V	37572		26/2	( ( ( ) )	776
7	-	30. Name and address of person who	•			0 11	h		0:=	100
		31. Dele liled (Month, Day, Year)		K F	leights Ave	150 Hi	no-e 1	NV	5150	8
S Regis	tate trar	CED1 046	32. Registrar's Sign	1	and and					
ricgis	er eri	2ELT 316	30	701/-1/	outhernes.					



## Amended item #5, g-739, 9/23/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

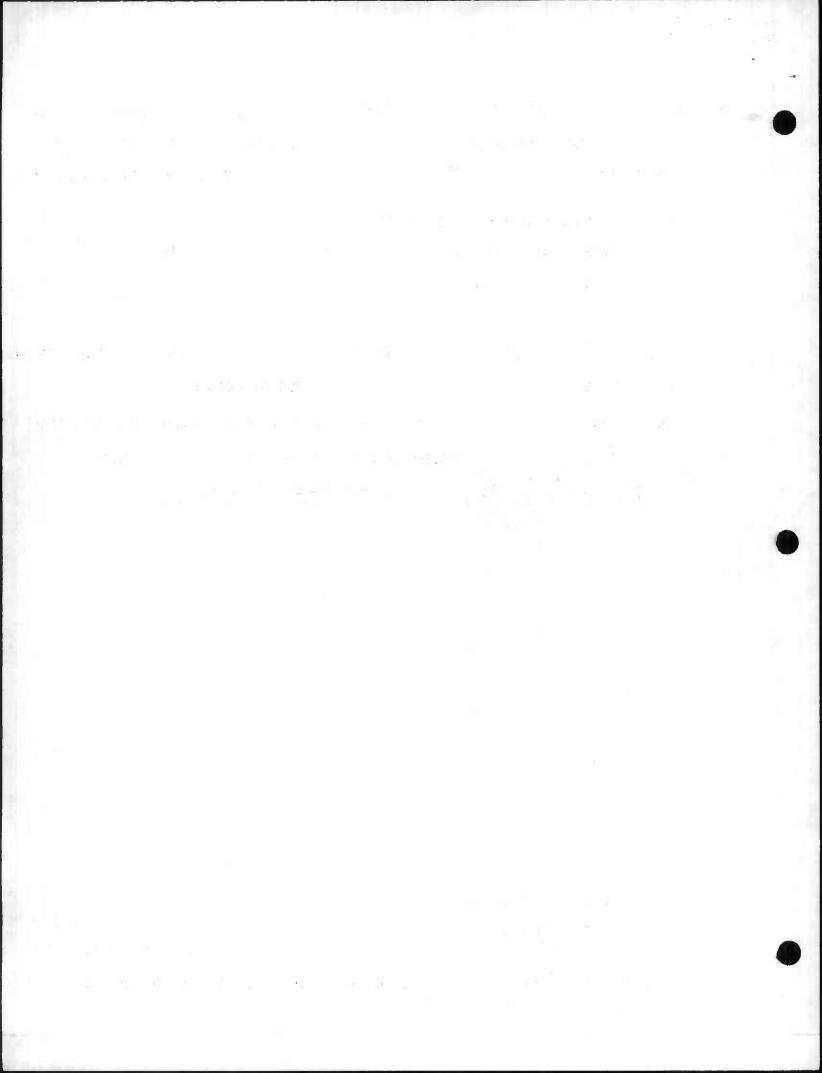
State of Maryland / Department of Health and Mental Hygiene 96 27921

		1. Decedant's Nama (First, Middla, L	Last)					2. Data of D	Reg. No.	Tr	3. Tima of Death
Physici		EDWIN	THOMAS		P	BUTLER		Month	Day	Year 996	1941PM
/Medio Examin		4a. Facility Nama (If not institution, g				JOI BEIN	4b. City, Town, or	SEPT.		y of Death	1941PM
- Xallilli	iei	8463 GREENBEL		2							TODOTO
uneral				a (In vrs. last bir	rthdav)	If Undar 1 Yaa	GREENBE			-	EORGES
rector		579-50-1939 Usual Residence of Decedant	1\XM 2□F	F (	Yrs.	Months Days	s Hours Min	. (Month, D	ay, Year) , 1939		elaca (State or Foreigntry) INGTON, D
show ad at		10a. Stata 10b. County		10c. City, Tow	n or Loc	cation				1	0d. Insida City Limit
al', or items 23a or 28a-f shov Examiner must be notified at	tor	MD PRINC	CE GEORGE	GREEI	NBEL	LT					Yas 20N
128	ie	10e. Street and Number				10f. Zip Coda	-		10g. Citizan of	of What Country?	
at b	Funeral Director	8463 GREENBELT F	ROAD, APT #7	Т2,		2077	0		USA	That Journay!	
L III	ner	11. Marital Status	12. Was Decedant E Armed Forcas?	Evar In U,S.	13. W	Vas Decedant of	Hispanic Origin? (5 ban, Maxican, Puar	Specify Yas or N	o- 14. Re	ca - Amaric	
or h		1 ☐ Navar Married 2 → Married	1 ☐ Yas 2 ☐ N	lo	1	☐ Yas Ž☐ No		to rucan, atc.)		ack, Whita,	
LEG.	d by	3 ☐ Widowed 4 ☐ Divorcad	Yaar or Datas:		<u> </u>	□ ras <u>a</u> guivo	э эреспу:		Speci	ty: WHI'	I E
"natur dical	Completed	15. Decedant'a l (Specify only highest g	Education trade completed)	16a.	Decada (Give k	ant's Usuai Occu	pation during most of wo	rking	18b. Kind of E	Busina as/Inc	dustry
then the Min	dm	15. Decedant's Education (Specify only highest grade completed)  Elamantary/Secondery (0-12)  12  16a. Decadant's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired)  PAINTER/GLAZER							N. A. E. Z. C		
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6 d o	Be	MORRIS BUTLER	3(/				18. Mother's Na			m <i>0)</i>	
mark	L P		(Time Grint)	401	A A chitic	- Add (0)		N ROBERT			
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State Registrar

David 31. Data filad (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death TEMPER. 3:98 AU BOOKER JUSTEPH 12,1990 4a. Facility Nama (If not institution, giva street and number) 4b_City, Town, or Location of Death 4c. County of Death Pau sell Powa Ballinue Hoppi North wee 1 8. Data of Birth (Month, Day, Year) Dec. 13, 1915 If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Months 17 M 2□ F Days 80 Massachusetts Usual Rasidanca of Decedent 10c. City, Town or Location 10d. Insida City Limits 1 Yas 3 No Baltimore Baltimore 10g. Citizan of What Country? 10f. Zin Code 3648 Forest Hill Road 21207 USA 12. Was Decedant Evar In U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, etc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva 1 ☐ Yas 2 ☑ No Specity: Black If Yas, Giva **
Yaar or Datas: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Musician Entertainment 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Joseph Booker Marie Bailey 19a. Informent's Name/Raiationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Nellie Booker/Wife 3648 Forest Hill Road, Baltimore, Maryland 21207 20b. Piace of Disposition (Nama of cematery, crematory or other place) Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☑ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Baltimore-Washington Cr. 9/13 Laurel, Maryland 21. Signature of Poheral Service Libers 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 23a. Part 1/ Enter the disaasa, or complications and shock, or haart failura. List only one causa down. Do not antar tha mode of dying, such as cardiac or respiratory arrest, Approximata intarval Between Onset and Death EAILURE ueal CONBESTWE Dua to (or as a consequence of) Dua to (or as a consequence of): Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Male Cleans -3 Probably 4 ☐ Unknown 1 TYes 2 No (She) well 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 2 No 1 Yas 2 No 26. Placa of Death (Check only ona) Hospital:

**Physician** /Medical Examiner

b Department of important: If any injury or once.

**Physician** 

/Medical

Examiner

**Funeral** 

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nant of Health and Mental Hygiene.

Saltimore, Maryland 21215-0020

Box 68760.

P.O.

Division of Vital Records,

tem 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at

5. Social Security Number

018-18-0623

10e. Street and Number

20a. Mathod of Disposition

Immediate Causa (Final disaasa or condition rasulting in daath)

11. Marital Status

10a. Stata

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Examiner Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last Physician/Medical þ Completed

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Certification:

Medical

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Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Kena Failer 25. Was casa rafarred to medical axaminar? 1 Yas 2P No

Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Dinpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred

5 Panding Invastigation 1 Neturai 1 Yas 2 No 2 Accidant 8 Could not be datermined 3 Suicida 28a. Piaca of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida

29a. Cartifier 1 Certifying Physician: To tha best of my knowledga, death occurred at the time, deta and placa, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated.

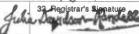
29b. Signatura and the or certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year)

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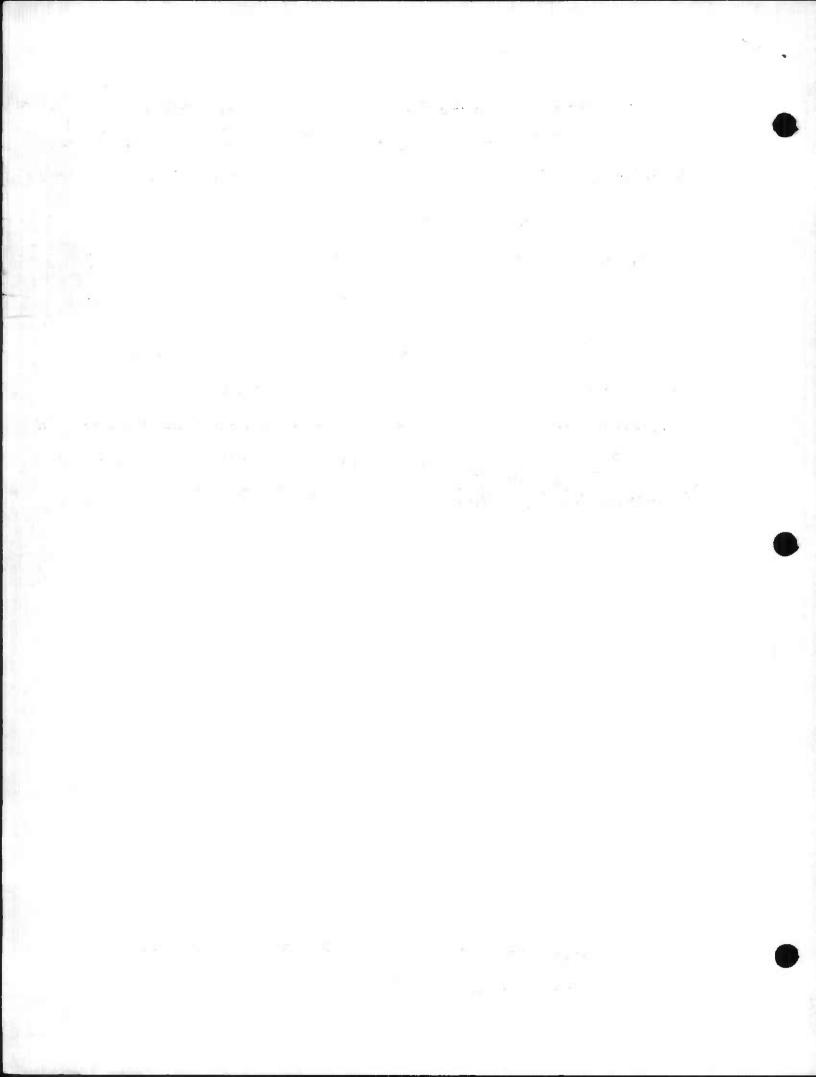
30. Nama and addrass of parameters completed cause of death (Itam 23a) (Type, Print)

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State Registrar



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State of Maryland / Department of Health and Mental Hygiene

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Item5, Fi1m739, 9/27/96, 1t Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Vaar **Physician** David Carraway, Jr. September 17, 1996 4:02 pm /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death Examiner Saint Joseph Medical Center Towson Baltimore Co. If Under 24 Hrs. Hours Min. 5. Social Security Number 220-36-<del>1394</del> If Undar 1 Year 8. Data of Birth (Month, Day, Year) April 2,1941 6. Sax 7. Age (In yrs. last birthday) Birthpleca (Stata or Foreign Country) **Funeral** 1⊠M 2□ F Months Days Yrs. Director 55 North Carolina Usual Rasidance of Decedant with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d, Inside City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other traumetic event, the Medical Examinar must be notified at 1 ☐ Yas 2 ☒ No Director Maryland Harford Belcamp 10e. Streat end Number 10f. Zip Code 10g. Citizen of What Country? 1305-102 Cranesbill Court 21017 United States Funeral death 12. Wes Decedent Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marltel Status 14. Race - Amarican Indien, Black, White, etc. 2 should be filed within 72 hours efter end Mental Hygiene. is marked other than "naturel", or ite 1 ☐ Yas 2 🖄 No tf Yes, Give Yaar or Datas: 1 ☐ Nevar Married 2 ☑ Merried Baftimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: White à 3 Widowed 4 Divorced 15. Decedant's Education (Specify only highast grada completed) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Il Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) Maintenance Technician Plastic Mold Company 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Meiden Surnama) David Vernon Carraway Stella Williams 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Heelih end Important: if Item 27 is m any injury or other traum once. Patricia Carraway/Wife 1305-102 Cranesbill Court Belcamp, Md. 21017 20b. Plece of Disposition (Nama of cematary, crematory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata 9/21/96 Rossville, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Gardens of Faith Cemetery 21. Signature of Funaral Sarvice License Brian A. Willem 22. Name end Addrass of Fecility Leonard J. Ruck Funeral Home, Inc. Beian a. Wellen 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardlec or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disease or condition rasulting in death) Cardiogenic Shock Hours Examiner Due to (or es e consequence of); Examiner Acute Anterior Myocardial Infarction Hours physician and the burial-transit requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Couse (Disease or Injury that initioted evants rasulting in death) Last Dua to (or as a consequence of): Angioplasty Hours Box 68760. Physician/Medical Due to (or es e consequence of): 88 Cardiac Surgery Hours 980 Pop P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. by 2 24b. Wara sutopsy findings available prior to completion of causa of death? 24a. Wes an autopsy performed? Completed certificate has 1 ☐ Yas 2 ■ No 1 ☐ Yas 2 ■ No Attending Physician: funeral director, 25. Was case refarred to medical examinar? 28. Placa of Daath (Check only ona) Be Hospital: Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 2 1 Yas 2 No 1 Inpatient 2 ER/Outpetient 3 DOA After this 28a. Data of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Netural i or Attendin after death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 28a. Placa of Injury - At homa, ferm, streat, factory, offica building, atc. (Specify) filled in by 4 Homicida 24 hours a edical 29e. Cartifiar 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. **Sompletely** 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and eddrass of person who completed causa of death (Itam 23a) (Type, Print) (Month, Day, Year) 32. Registrar's Signatura State Registrar

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Osteomyelitis, Right Heel; Arteriosclerotic Heart    1		deal be att	sici	Pert II. Other significant conditions con	ntributing to death b	ut not resulting li	n the underlying cause g	iven in Pert I.	23b. Did to	bacco use co	ntribute to t	he cause of death?
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(1/1)		5		30 Name and address of forces who as	moleted sauss of d	looth (Itam 93c)		10		1	13,19	76
		11/1		DR. MARCOS GALIC		,		NT ROAD	FORT HOW	ARD MA	ARYT.AM	D 21052

State Registrar

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Julia James Gignatura

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Film G739 item 1,20c per DR 9-19-96 rja Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death September 2, 1996 **Physician** Cureton 0 Howard 6:26AM /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** GALTIMORE Johns Hopkins Bayview Medical Center Baltimore 7. Age (In yrs. last birthday) If Undar 1 Year If Under 24 Hrs. 8. Dete of Birth
Months Davs Hours Min. (Month, Day, Year) 5. Sociel Security Number 6. Sex Birthplace (Stata or Foreign Country) **Funeral** 1X0 M 2□ F Days 64 219-28-4099 Yrs. Director MAY 30, 1932 NEW Usual Residence of Decedant 10a Stele 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 XYas 2 □ No BALTIMORE CITY Directo MARY LAND BALTIMORE 10e. Street and Number 10g. Citizan of What Country? items 23s or 3 iner must be n 301 21217 MCMECHEN 4-5A. Funeral 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, ajc. Amed Forces: 1 ☐ Nevar Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: BLACK 3 ☐ Widowed 4 ₺ Divorced Yeer or Detas: 12-16-52 Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Busineas/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 TH GRADE BETHLE HEM STEEL LABORER 17. Falhar's Nama (First, Middle, Last) 18. Molher's Nama (First, Middla, Maiden Sumame) Be 2 should be fi and Mental F Pages 1 and 2 should Pent of Health and Men CURETON ULYSSES Gi CARRIE M. ROBINSON 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) # item 27 h 642 W. MOSHER ST., BALTIMORE, HD. 21217
Los of Disposition (Nama of Data 20c. Location City or Town, State TOLIVER VERNICE 20b. Place of Disposition (Nama of West Liberty Church of Place) 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Slele 9-7-% Howard Co. MD. GARRISON FOREST 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Neme and Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. BALTIHORE, MD. 21217 Approximata Interval Between Onsal and Death Physician Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Infarction hours **Examiner** Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immadiata cause. Enler Underlying Causa (Disease or Injury that initiated evants resulting in death) Lesi Physician/Medical Dua to (or as a consequence of): BS 950 Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part t. ata has been signed by the a page 2 should be detached 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 2 🗆 No certificata 1 ☐ Yas 2 No Division of Vital 25. Was casa rafarred to medical 86 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Manner of Death 28c. Injury at Work? 28b. Tima of 28d. Describe how Injury occurred Certification: 5 Panding Invastigation ne Hospital or Attending n 24 hours after death. ne Funeral Director: Afte 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datamined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homicida 29a. Cartifiar 🔀 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date and place, end dua to tha causa(s) and mannar as stated. To the Hosp within 24 ho To the Fune completely f Medical 2 Medical Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end little of certifier 29c. Licansa number 29d. Dala signad (Month, Day, Year) N2520 September, 2 1996 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Typa, Print) -14 H, 601 N. BROADWAY ST, BALTO, MD. 2005 Dunleaux

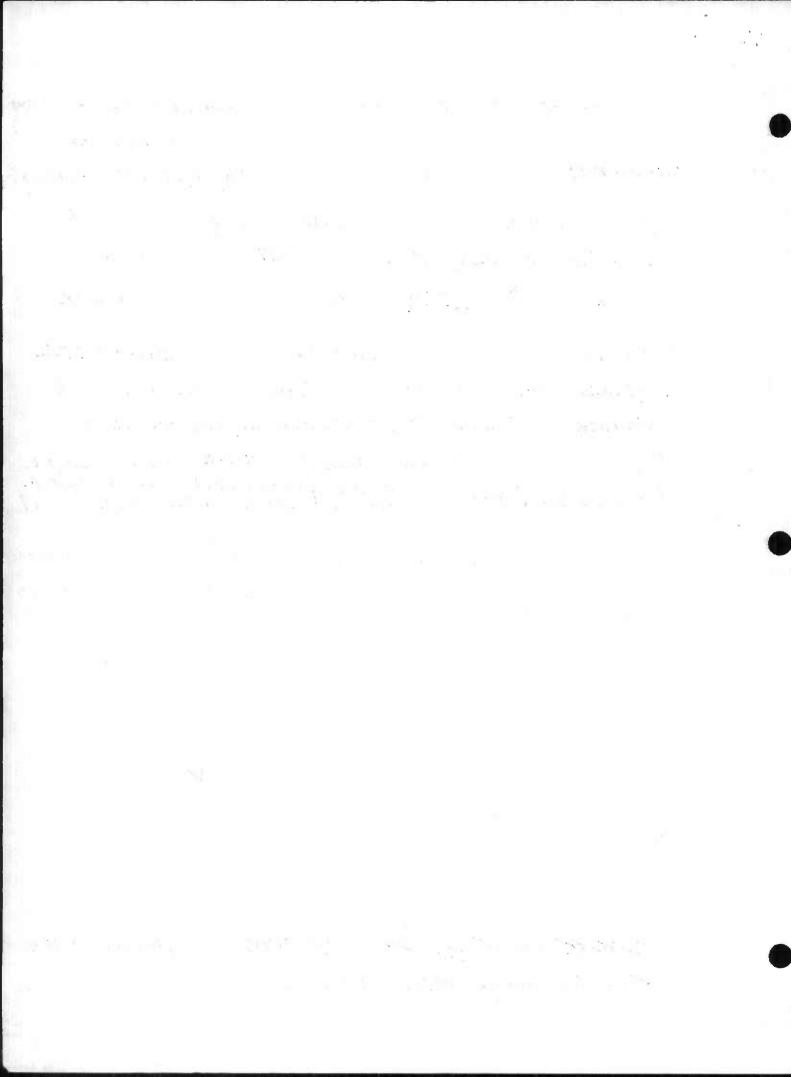
**DHMH 16 Ray 6/95** 

State

Registrar

Keith 31. Data filed (Month, Day, Year)

32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3 Time of Death **Physician** Day Chaffman Margaret T. 17, 1996 7:10 A.M. Sept. /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Old Court Nursing Home Randallstown Baltimore if Undar 1 Yaar If Under 24 Hrs. Hours Min. 5. Social Security Number 6. Sax 7. Age (In yrs. last birthdey) Birthplace (Stete or Foraign Country) Months Days 1□ M 2図 F Yrs. 214-14-0665 Jan 6, 1921 Maryland Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. fnside City Limits Director 1 ☐ Yes 2 ☑ No MD Baltimore Lochearn 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3506 Old Mill Road 21207 Funeral U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Raca - American Indian, Black, Whita, etc. 1 ☐ Yas 2 🛣 No If Yes, Give Yaar or Datas: 1 Never Married 2 ☐ Marriad 1 ☐ Yes 2 ☑ No Specify: by Specify. 3 ₺ Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12 Housewife Own Home 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Malden Sumema) Be Tennyson David Chapman Margaret Chappel1 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stefe, Zip Code) Mrs. Mary Diane Knight 6417 Liberty Road Baltimore, Maryland 21207 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) MD Veterans Cemetery Sept. 20 Garrison, Maryland 21. Signature of Funaral Service Licensae 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. Lus 8728 Liberty Road Randalltown, MD 21133 23a. Part 1. Enjer the diseasa, or complications that ceused the death. Do not enter the moda of dying, such as cerdiac or respiratory arrest, shock, of heart tailure. List only one cause on each line. Approximate Interval Betwaen Onset and Death year Immediata Cause (Final disease or condition resulting in daath) o carcinar Due to (or as e consequence of): Examiner Sequentially list conditions, if any, laading to Immadiate ceusa. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 124a. Was an autopsy 24b. Were autopsy findings aveilable prior to completion of ceusa of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No Be 25. Was case raferrad to medical 26. Place of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 22 No Certification: 27. Mannar of Death 28a. Date of fnjury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1-2Natural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicide 6 Could not be datamined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 THomicide 1 Certifying Physicfan: To tha best of my knowledge, death occurred at the tima, data and place, and dua to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) all o DC 025112

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p.

30. Name end address of parson who completed ceusa of death (Itam 23a) (Type, Print)
TAHOORA KAWAJA 5310 Nd Court Road Randallstown MD 21133 31. Date flied (Month, Day, Year) SEP 1 9 1996

State Registrar

**Funeral** 

Director

28a-f show

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permit. Page Department of Important: If any Injury or once.

**Physiclan** 

/Medical

Examiner

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certificate

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital

Division

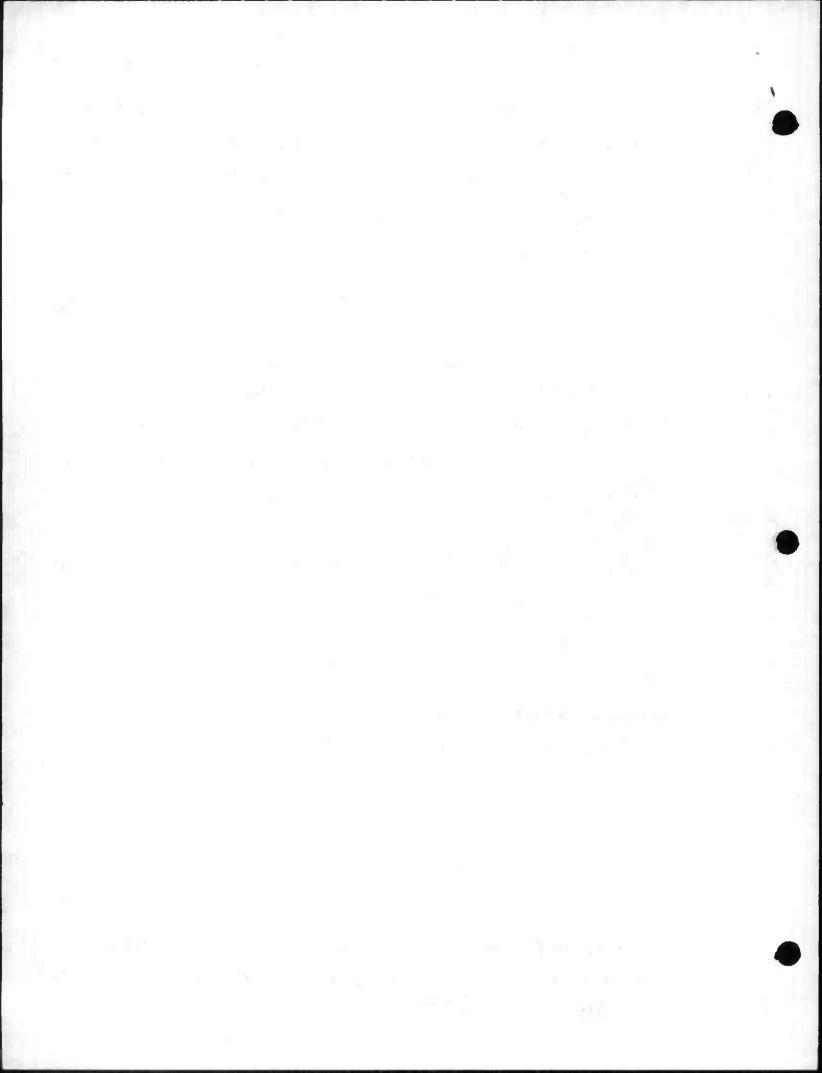
traumatic event, the Medical Examiner insust be notitied at

the Meryland

72 hours after

21215-0020

Baltimore, Maryland



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** Kathleen V. Clem Sept 19960 /Medicai 8:50 AM 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Lorien frankford Baltimore Bathmare 8. Date of Birth (Month, Day, Dec. 10 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral**  Birthplace (State or Foreign Country) 1□ M 2 → F Months Deys Hours Virginia 216-30-9494 1932 Director 63 Usual Rasidance of Decadent the Maryland 10a. State 10c. City, Town or Location show 10d. Inside City Limits ral", or Itams 23a or 28a-f shor Examiner must be notified at Director Md. City Baltimore 1 XYas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21230 1521 Williams Street USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2∑ No If Yas, Giva Yaar or Datas: Was Decadant of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Bleck, Whita, atc. 1 Naver Marriad 2 Marriad altimore, Maryland 21215-0020 natural, or 1 ☐ Yas 2 ☐ No Specify: white Specify: þ 3 Widowed 4 Divorcad Completed edica! 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) Housewife Home Owner 8 other 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 12 should be 1 thand Mental F is marked of permit. Pages 1 and 2 should be Department of Health and Menta Important: If Item 27 is marked i any injury or other traumetic av Watson Johnson Susie Read 2 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Howard J. Clem Jr./Husband 1521 William Street, Baltimore, Md. 21230 20b. Pleca of Disposition (Name of cemetery, crematory or other place)
Glen Haven Mem. Park 20a. Mathod of Disposition sept 20c. Location - City or Town, Stata MBurial 2 Cramation 3 Ramoval from Stata Glen Burnie, Md. 4 ☐ Donation /5 ☐ Othar (Specify) 20,1996 21. Signature of Funaral Sarvica Licansea 22. Nama and Addrass of Facility McCully Funeral Home of South Balto. 130 E. Fort Ave. Baltimore, Md.21230 23a. Pert 1. Entar tha diseese, or complications that caused the death. Do not antar tha mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Between Onset and Death **Physician** /Medicai Immadiata Cause (Final disaasa or condition rasulting in daath) Respiratory failure 3 months Examiner Dua to (or as a consequenca of) Examiner Head + Neck Savamous Cell (arcinoma requires that the death certificate be executed Sequantially list conditions, if any, leeding to immediata causa. Entar Underlying Ceusa (Disaasa or injury thet initiated avants rasulting in deeth) Last attending physician and for use es the buriel-tran Dua to (or as a consequence of): P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown emphysema Records, þ 24b. Were autopsy findings aveilable prior to complation of causa of daeth? Completed 24a. Was en eutopsy peen page 2 1 Yas 2 No 1 Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Was casa rafarred to madical 26. Placa of Daath (Check only one) axaminar? Hospital: 1 Inpatlant 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Rasidanca 6 Other (Specify) 1 Yas 2 No Certification: To 27. Manner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Pending Invastigation 1 Natural 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be detarmined 28a. Pleca of Injury - At homa, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 12 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end plece, and due to tha cause(s) end mannar as stated.

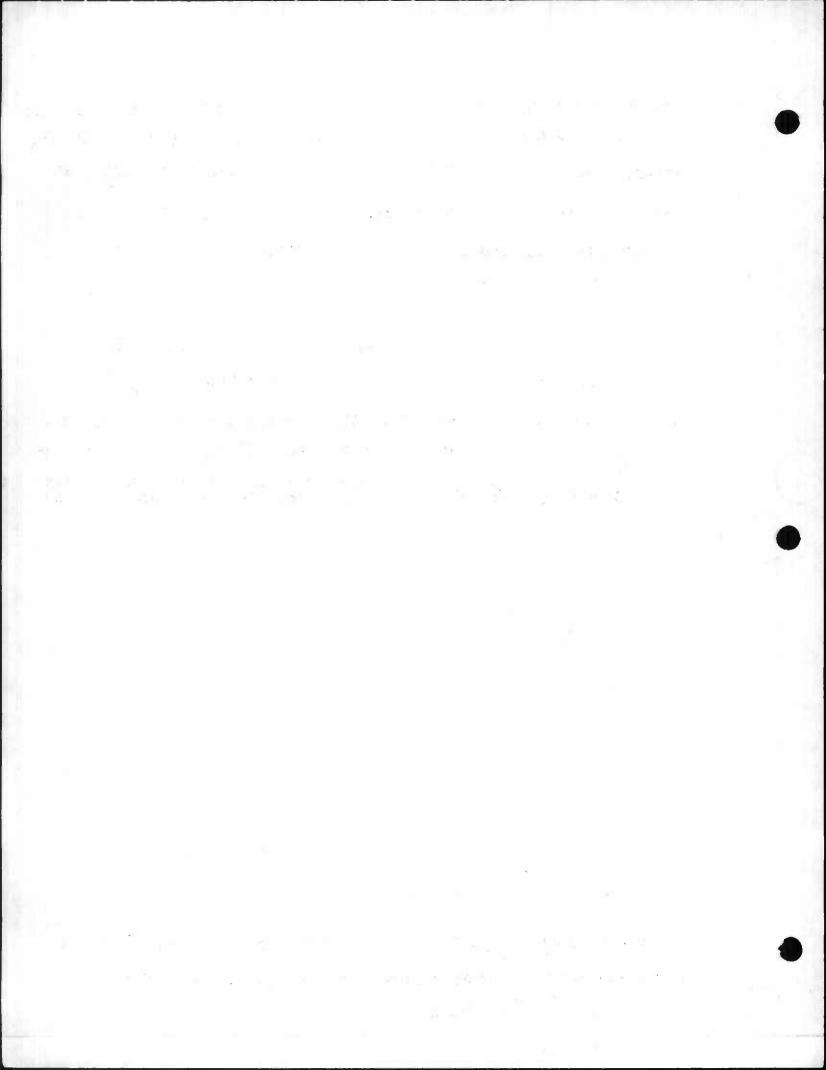
2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner steted. edical 29e. Certifiar 29b. Signatura and titla of cartifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) Shomas H Cussi, ms 30. Nama and address of person who completed causa of death (Item 23e) (Type, Print) THOMAS J RUSSI Columbia, ma 10805 HICKORY RIDGE RD SUTE 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State

wa Davidson

SEP1 9 1996

**DHMH 16 Rev 6/95** 

Registrar



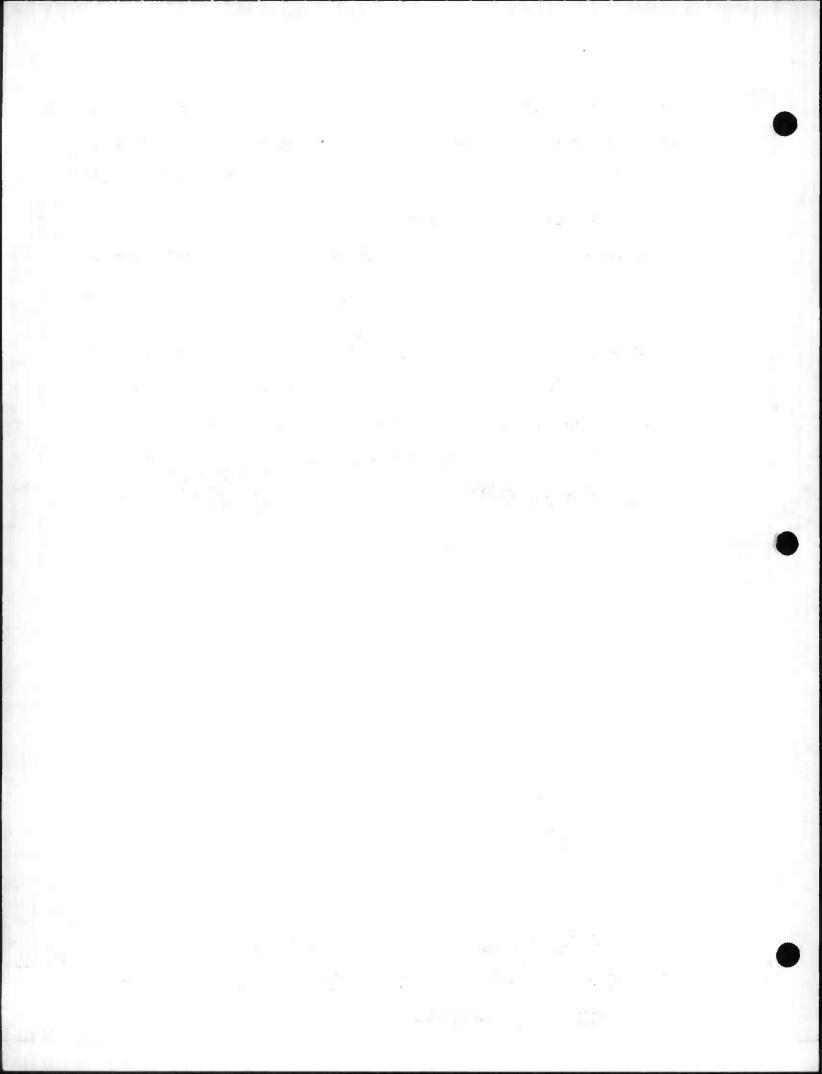
State of Maryland / Department of Health and Mental Hygiene 96 27928

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Funeral		5. Social Security Number	6. Sex 1 ☐ M 2	7. A	ge (In yrs. le		If Under 1 Months	Year	If Under	24 Hrs. Min.	8. Date of B	irth	ar)	9. Birth	plece (State ontry)	or For
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Hems Der De	ner	11. Maritai Status	12, Wa	as Decadeni	Ever in U,S	. 13.	Was Decade	nt of H	lispenic Ork	gin? (Sp	ecify Yes or N	lo-		e - Americ		
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27 le		Richard DeVilb	iss/So	n		623 E	airwa	v Di	r. 1	Cows	on, MD	21	286			
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Important: If item 27 any injury or other tr 9000.		1 ABurial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		ai from Siele			a Ceme			1	9/20	To	wson			
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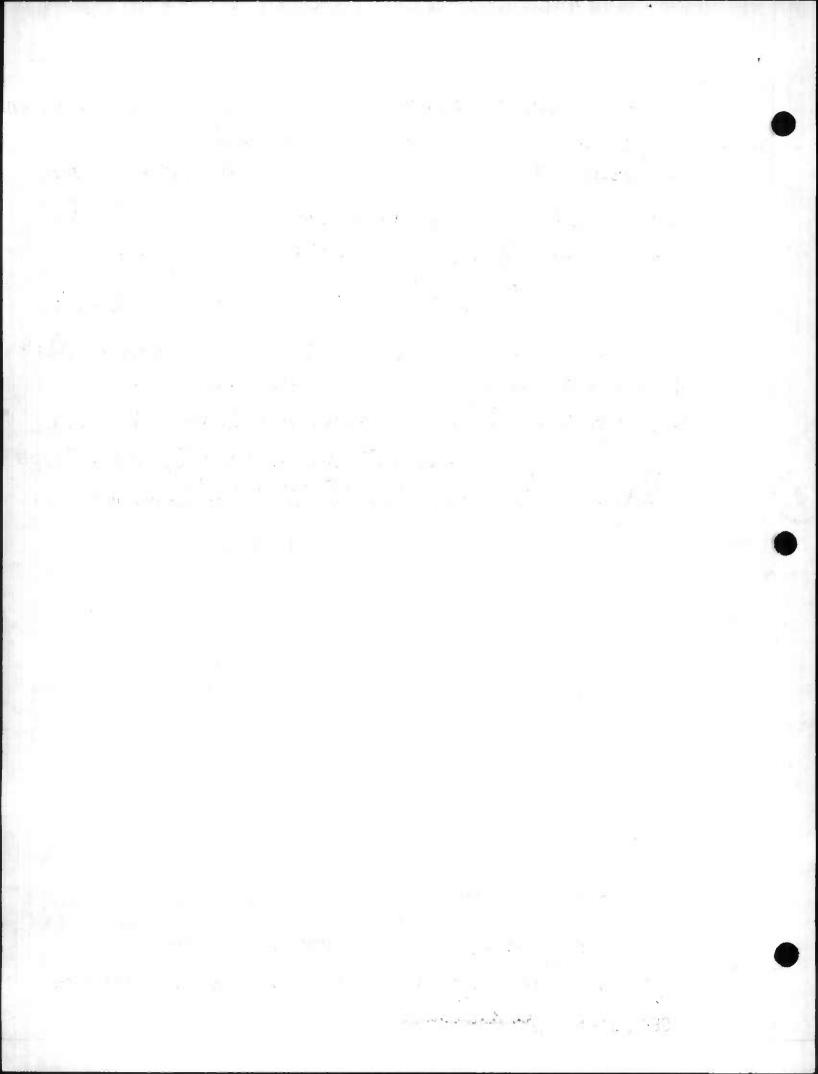
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27929 State of Maryland / Department of Health and Mental Hygiene 96

				C	ertificate	of Death	Ra	g. No.		
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ath with the 23a or 26	Funeral Director	10e. Street and Numbar	s la	0 E	10f. Zip Co	21217	10	lg. Citizen of	What Country?	
72 hours after death with the Manyland natural, or liems 23a or 28s-1 show a cal Examine must be notified at	by	11. Marital Status 1 □ Navar Marriad 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Dacedant Armad Forcas' 1 ☑Yes 2☐ If Yas, Giva Yaar or Detas:	7 - 1 13	3. Was Dacedani If Yes, specify 1 ☐ Yas 2 ②	of Hispenic Origin? (Si Cuban, Maxican, Puert No Specify:	pecify Yes or No- o Rican, atc.)		ca - American li ck, Whita, etc.	ndlan,
d 2 should be filed within 72 hours efter death with the Marylar th and Mental Hygiane. 7 Is marked other than "natural", or liems 23s or 28s-f show traumatic event, the Medical Examiner must be notified as	Completed	15. Decedant's E. (Specify only highest grade   Specify only highest grade   Specify (0-12)	ducation da complated)  Collaga (1-4or	3+1	cedant's Usuai O live kind of work of a. DO NOT usa n	ccupation ona during most of worn atired)	king	-1	PP, Da	Mal
should be file and Mental Hy a marked othy aumatic event	To Be	17, Fathar's Nama (First, Middla, Last, NCENT J.	Day			18. Mothar's Nam	ne (First, Middla, M		ne)	)
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Physician /Medical Examiner		23a Part. Enter the chease, or com- shock, or hear failura. List only Immediata Causa (Final disaasa or condition rasulting in daath)	plications that ceusar ona cause on aach li	d tha daath. Do not ina.	AV.	dying, such es cerdlec	or raspiretory erre	st,	Inte	proximeta urvai Batwaan sat and Death
and transit	Examiner	Sequentially list conditions,	b	Dua to (or as a con		-				
death certificate be executed e attending physician and of for use as the burial-transit	Wedical E	Sequantially list conditions, if any, laading to immediate ceusa. Entar Undarfying Causa (Disaasa or Injury that initiated awants rasulting in daath) Last	C	Dua to (or as a con-	sequance of):					
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Attending Physic death.		27. Mannar of Death  1 Anatural 5 Panding 2 Accidant Invastigation	28a. Data of Inju (Month, Da	iry 28b. Time	a of 28c.	Injury at Work?	28d. Dascribe hov			
25.5	Certification:	3 Sulcida 6 Could not be dataminad	28a. Place of inj	ury - At home, farm, c. <i>(Specify)</i>	streaf, factory, of	ice	28f. Location (Stre City or Town,		per or Rural Ro	uta Number,
To the Hospital within 24 hours a To the Funeral Completely filled	edical	29a. Cartifiar (Check only one) (Check only one)	ysician: To the bast liner: On the basis of and mannar st	f axamination and/or	ath occurred at the investigation, in a	a tima, data and place, ny opinion, daath occur	and dua to tha ceu rred at tha tima, dat	usa(s) and ma ta and place,	annar as stated and dua to tha	ceusa(s)
To the To the comple	×	29b. Signature end fittle of certifier	2	)	29c. Li	ransa number	29	d. Data signe	d (Month, Day,	
15		30. Nama and addrass of person who are Zubell 31. Data filed (Month, Day, Yaar)	complated ceusa of d	220 Par		rts Aug	Balton	70-6	MDZ	80213

SEP 1 9 1996 Julie Miridson Randalla



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27930

**Physicia** /Medica Examine

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Introortant: If Item 27 is marked other than "natural", or here 23a or 28e-f show any injury or other traumatic event, the Medical Exprine. Physician

/Medical **Examiner** 

Saltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 64 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burle-transit Division of Vital Records, P.O. Box 68760,

Certification: Medical State Registrar

	1. Decedant's Nam	na (First, Middla, La	st)							2. Data of D	eath			3. Tima of Death
an cal	MARY	E. FOR	E							SEPT	18,	199	Year 6	5:50a.m
ier	4a. Facility Nama (	If not institution, giv	a street and nu	ımber)				4b. Clty, T	own, or L	ocation of Dec		lc. County		
	PIKE	SVILLE	NURSI	NG & C	ONVAL	ESCE	NT		PIKI	ESVILL	E	BA	LTI	MORE
	5. Social Security N			7. Aga (In yrs.	last birthday		r 1 Yaa		r 24 Hrs.	8. Data of B	irth		9. Bjrth	place (Stata or Foreign
	231-12- Usual Residence of	10/5	I□M 2 <b>X</b> 0F	7	7 Yrs.	Months	Days	Houra	Min.	8. Data of B (Month, L OCT 2	0,1	918	V	IRGINIA
	10a. Stata	10b. County		10c. Ci	ty, Town or Le	ocation								10d. Inside City Limits
tor	MD	N/A				BA	LTI	MORE						1.X Yas 2□No
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ner	11. Marital Status		12. Was Dec	edant Evar in L	J,S. 13.	Was Dece	dant of	Hispanic O	rigin? (Sp	pecify Yas or No Rican, atc.)	lo-			can Indian,
豆		ied 2 Married	Armed F	Et No		1 ☐ Yas				rican, atc.)			k, Whita,	
by	3 Novidowed	4 Divorced	If Yas, Gi Yaar or E	va Datas:		1 L Yas	2 LA.NO	Specify	/:			Specify	BL	ACK
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Be (	17. Fathar's Name	(First, Middla, Last,	)					18. Moth	ar's Nam	a (First, Middl	a, Maide	an Sumam	na)	
To	JOHN CA	AMPBELL						MA	GNO	LIA	JON	ES		
	19a. informant's N	ame/Ralationship (	Type, Print)		19b. Maili	ng Addras	s (Stree	t and Numb	per or Ru	ral Routa Num	ber, City	or Town,	Stata, Zip	Code)
	ALVIN	PHILLIP	S (GRA	ANDSON	) 47	13 M	IDW	OOD	AVE	NUE BA	LTI	MORE	E, M	D. 21212
		position  Cramation 3   5 Other (Specif		Stata	Place of Disponentary, cre-	matory or	othar pla	ice)	09/	Data 21/96			7	own, Stata  E, MD.
	21. Signature of Fi	meral Service Lieu	usee		2:	2. Nama a	nd Addr	ass of Facil	lity O	DIE E				
k	1	an	3.0	Inl					U	APLE F E. BAL				· 21215
	3a, Berti. Enter t shock, or hea	ne disease, or con in failure. List only	pilcations that on a causa on o	caused tha daa each line.	th. Do not en	tar the mo	da of dy	ing, such a	s cardiac	or raspiratory	arrest,			Approximata Interval Between Onset and Deeth
	Immediata Causa disaasa or condition resulting in daath)	(Final on	a. En	\$ 5 de	ye	ca	d	on or	yo	pal	Ru	7		6 months
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E	Sequentially list co if any, laading to in causa. Entar Unda Causa (Diaeasa or	urlying Injury											1	
JICE	that initiated evanta rasulting in death)		0.	Dua to (d	or as a consec	quance of)				-				
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icia	Part II. Other signif	icant conditions o	ontributing to d	eath but not ras	ulting in the u	ndartving	Calles d	van in Part	1	23h Die	1 tobacc	O HEE COL	atribusta t	o the cause of death?
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yΡ					,					10	J 188	2U NO	3 LI P10	DEDIY 4 2 OHKHOWN
q p										24a. Wa	a an aut	nnav	24b. W	ara autopsy findings
ete											formed?		av	vallable prior to
Completed by Physician/Medical Examiner					<u> </u>								of	death?
ပ္ပ										1 🗆	Yas	al No	1 [	□Yas 22 No
Be	25. Was casa rafar axaminar?	red to medical						26. Plec	e of Deal	th (Check only	ona)			
To	1 Yaa 2	NO	Hospital: 1	Inpatiant 2	ER/Outpatier	nt 3 D	OA O	her: 40 N	ursing Ho	oma 5□Ras	Idance	6 □Oth	ar (Spech	fy)
ü	27. Mennar of Deat	h		of Injury th, Day Year)	28b. Tima o	-	28c. Inju			28d. Dascribe				,,
tion:	1 DNatural	5 Pending invastigation		m, Day Year)	Injury	М		rk? ]Yas 2.[	]No					

1 Descritiving Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. 29s. Cartifier (Check only one)

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

6 Could not be datamined

31 Data filed (Month, Day, Year) SED 19 1996

2 Accidant

3 Suicida

4 Homicide

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 27931 Film G739 item 24a,25,26 9-19-96 Certificate of Death r.ja 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month FDWARD CARROLL 4b. City, Town, or Location of Death 10 9 ( 102AM 4a. Facility Name (If not institution, give street and number 4c. County of Dea Carroll County General Hospital Westminster Carroll Hours Min. 8. Date of Birth (Month, Day, Year)
July 16, 1910 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 1 ☑ M 2 □ F Mary Land 212-01-3429 86 Yrs. Usual Residence of Deceden 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Carroll Westminster Maryland 10e. Sireet and Number 10f Zin Code 10g. Citizen of Whet Country? 302 Becon Mews Court 21157 U.S.A. 12. Was Decedeni Ever in U,S. Armed Forces? 1 ②Yes 2 □ No if Yes, Give Year or Dates: WW ☐ Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Marital Staius 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify Specify: White 3 ☑ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Agent/Manager Life Insurance 17. Felher's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Rufus F. Fov Annie May Griffin 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert Foy (Son) 55 Upmanor Road Baltimore, Maryland 21229 20b. Place of Disposition (Name of cemetery, crematory or other placa) September 20a. Method of Disposition 20c. Location - City or Town, State 1XXBurial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Lorraine Park Cemetery 13, 1996 Woodlwan, Maryland 21. Signeture of Fundral Service Licens 22. Name and Address of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset and Death tmmediete Cause (Finat disease or condition resulting in death) nock. ocardial Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed?

**Physician** /Medical Examiner

the burial-transit

88 950

been signed by should be detac

pege 2 certificate

director.

funeral

in by the

of or Attending Physician: efter death.

Director: After this certifice

Hospital 24 hours

To the Hosp within 24 hor To the Fune completely fi

Completed by

Certification: To

edical

The law requires that the death certificate be executed

Box 68760.

P.O. F

Records.

Vital

To

Division

**Physician** 

Examiner

**Funeral** 

Director

28a-f show

ò Nerns 23a

"natural", or

traumatic event, the Medical

other

ŏ permit. Page Department of Important: If any injury or once.

Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. nt: If Item 27 is marked other than "

72 hours efter

Itimore, Maryland 21215-0020

Examiner rougt be notified at

Director

Funeral

by

Completed

/Medical

Physician/Medical Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lasi

> 1 ☐ Yes XX No 1 ☐ Yes 2 ☐ No 28. Place of Death (Check only one)

25. Was case referred to medical exeminer?
1 Yes 2 No Hospitel: XX inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manper of Deeth 28b. Time of 28d. Describe how injury occurred 28a. Dete of injury (Month, Day Year) 28c. injury et Work?

Neturat 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide

to critifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner as steled.

| Contifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier (Check only one)

29b. Signature and title of certifie 29c. License number

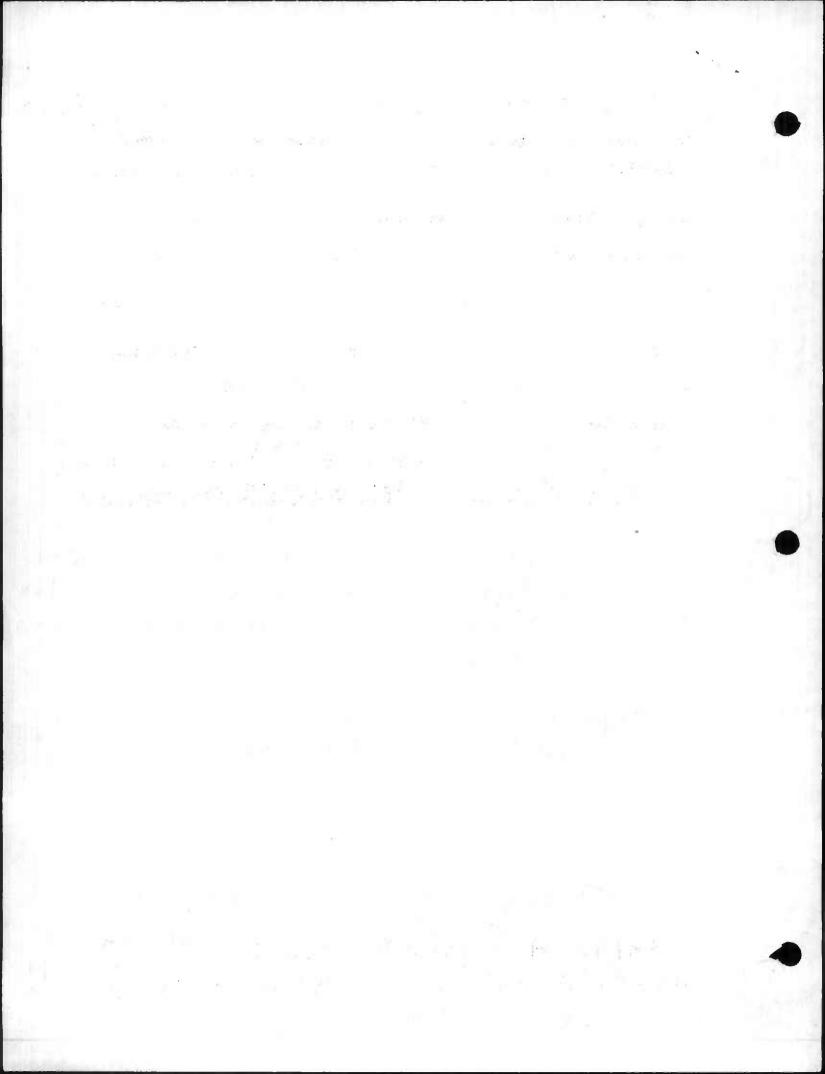
29d. Deje signed (Month, Day, Year)

mil ause of death (item 23a) (Type, Print)

Mid 2 SYE 100120 31. Date filed (Month, Day, Year, 32. Registrar's Signeture

State Registrar

" Windson



State of Maryland / Department of Health and Mental Hygiene 96

96 27932

					•	Cei	rtificate of	Death		Reg. No.		- / / / -
	Physici	àn	1. Decedant's Nema (First, Middle, Las	t)					2. Data of Dec	ath Dev	Year	3. Time of Death
	/Media		Robert M. Friede					4	Sept.	14, 199		8:50A.M.
	Examir	ıer	4e. Facility Nema (If not institution, give		r)			4b. City, Town, or L	ocation of Deeth	4c. County	of Death	
			Laurel Regional					Laurel				George
Di	uneral rector		5. Social Security Number 6. Social Security Number 120-24-8284  Usuel Residence of Decedant	9X 7. A	1ge (In yrs. 1	last birthday) Yrs.	If Under 1 Year Months Days		8. Data of Birt (Month, Da) May 9,	h V, Year) 1930	9. Birthp Coun New	iace (State or Foreign stry) V York
nyland	how		10e. Stata 10b. County		10c. City	, Town or Lo	cation				11	0d. inside City Limits
e Ma	a di	Director	MD Prince	George	L	aurel						1 ☐ Yes 2√☐ No
5	0r 20	Olce	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Coun	try?
the w	23		8792 Oxwell Lane				20708			USA		
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Physiers.	al', or iteme Examiner m	by Funeral	11. Maritei Stetus  1 Nevar Married 2 Merried  3 Widowed 4 Divorced	12. Was Decedan Armed Forces 1  Yas 2 X If Yes, Give Yeer or Datas	? No	ı	Wes Dacedant of f Yas, specify Cub 1 ☐ Yas 2 🂢 No	Hispanic Origin? (Spoan, Maxican, Puarto Specify:	ecify Yas or No- Rican, etc.)		ce - Amaric ck, White, o y: Whit	atc.
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de and	Day 27		Eleanor Friedenb	erg/Wife	201 5			Lane, Lau		laryland		
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timen Pa	funt.		4 □ Docution 5 □ Other (Specify	)	Ba1	timore	-Washing	gton Cr.	9/17	Laure	1, Ma	aryland
Ball	any in		21. Signature of Funaral Service Licen	.0	<u>ر</u>	22		ess of Facility uneral Hon ndy Spring			MD 7	20707
///	sician edical miner		23a. Part1. Enter the disaasa, or comp shock, or haart failura. List only of immediata Cause (Final diseasa or condition resulting in death)	a. NRA	CELET	BALA	2 HEMO	ing, such as cardlac	or raspiretory ar	rest,		Approximate interval Between Onset end Death
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68760, ficate be ex	ysicia e bu	Medical	causa. Enter Underlying Ceuse (Disease or injury that initiated events	C	Due to (or	as a consequ	neuce of).					
689 Elife	ng ph	Ped	rasulting in death) Last		502 10 (01	20 2 001100q	401100 017.					
Box	for use	2		d							<u> </u>	
Geath	od for	Sicla	Part ii. Other significant conditions co	ntributing to death	but not rasu	itting in the ur	ndariving cause gi	ivan in Part I.	23b. Did t	obacco use co	ntribute to	the cause of death?
P.O.	igned by the a be detached t	by Physician/	ANTERIOR WOL	Myoc	APORE		FREST	ha	10		3 Prob	
Cord	peen s should	Completed b	1							an autopsy med?	ava	ara autopsy findings allable prior to mpletion of cause death?
<u>a</u> =	page 2	PO							101	es at No	10	Yas 2 No
i i	certificate rector, pa	Be	25. Was casa rafarred to medical examinar?					26. Place of Deal	h (Check only o	na)		
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Vision of Vita Attending Physician: r death.	r: After to e funera		27. Manner of Death  1 Naturai 5 ☐ Panding 2 Accident invastigation	28e. Data of inj (Month, D	ury ay Year)	28b. Time of injury	Wo	ork? ⊇Yes 2 □ No	28d. Dascribe h	now injury occur	red	
Division Hospital or Attendi 24 hours after death	by th	Certification:	3 Suicide 6 Could not be datarmined		28f. Location (Street and Number or Rural Route Number, City or Town, Stata)							
Hospital 24 hours	- 4	edical C	29a. Certifier (Check only one)  1 Certifying Phy 2 Medical Exami	sictan: To the best iner: On the basis of and manner s	of examinati	vledge, deeth ion and/or inv	occurred at tha tivastigation, in my	ima, date and place, opinion, daath occur	and dua to tha d red at tha tima, o	cause(s) and madata and piace,	annar as st	ated. tha cause(s)
五三	To the	Me	295. Signature and title of certifier				29c. Licen	se number	Т.	29d. Data signe	d (Month, I	Day, Year)
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Registrar

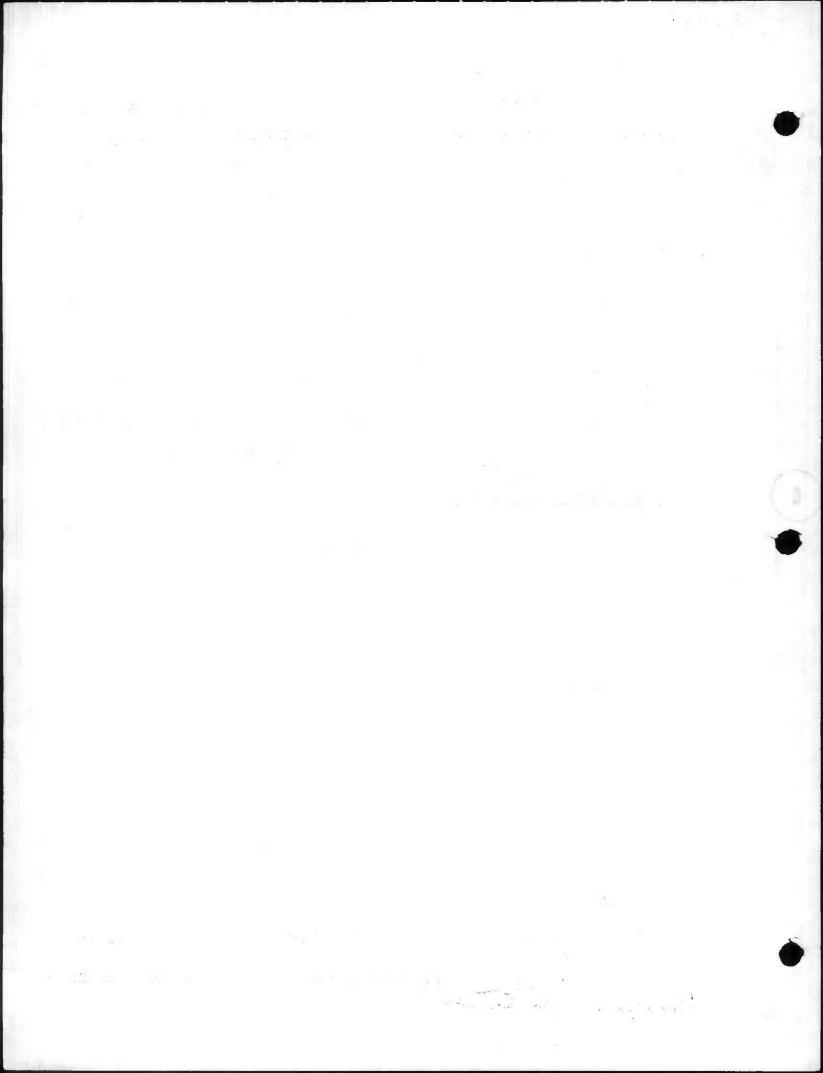
SEP 1 9 1996



State of Maryland / Department of Health and Mental Hygiene 05 27022

		1. Decedent's Nama (First, Middla, L	ast)				2. Date of De	Reg. No.		3. Time of Death
ysician	n	OLIVER	HILTON	JR			Month SEPT	Day	Yaar 1996	0708 AM
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potor	ector	10e, Street and Number		K	palto					Yas 2□No
ai Dir	al Dir		iorado f	tre	10f. Zip Coda	115		10g. Citizan of	What Countr	7
by Funeral Director	2	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedant Evar in Armed Forcas?  1  Yas 25 No If Yas, Giva Yaar or Datas:	U,S. 13	3. Was Decedant of I If Yas, specify Cub	Hispanic Origin? an, Maxican, Pur Specify:	(Specify Yas or No arto Ricen, atc.)	14. Rad Bla Specif	ce - Amarica ck, Whita, at y: B	
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omo	di la	Elamantary/Secondery (0-12)	College (1-4or 5+)	16	-Ollus	a)		Balta	, Cit	3 water
To Be Completed by Funeral Director		17. Father's Nema (First, Middle, Las	on Sr.			Mar		aisen		
		19a. Informant's Name/Raletionship	(Type, Print) - Son		iling Addrass (Street	and Number or				Coda) Z1218
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any injury o		21. Signature of Funaral Sarvice Lica	insa	) ~	22. Nama and Addra	ss of Facility	est			
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State Registrar



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have a fine days 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the line after this certificate has been signed by the attending physician and completely filled in the line of the course after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

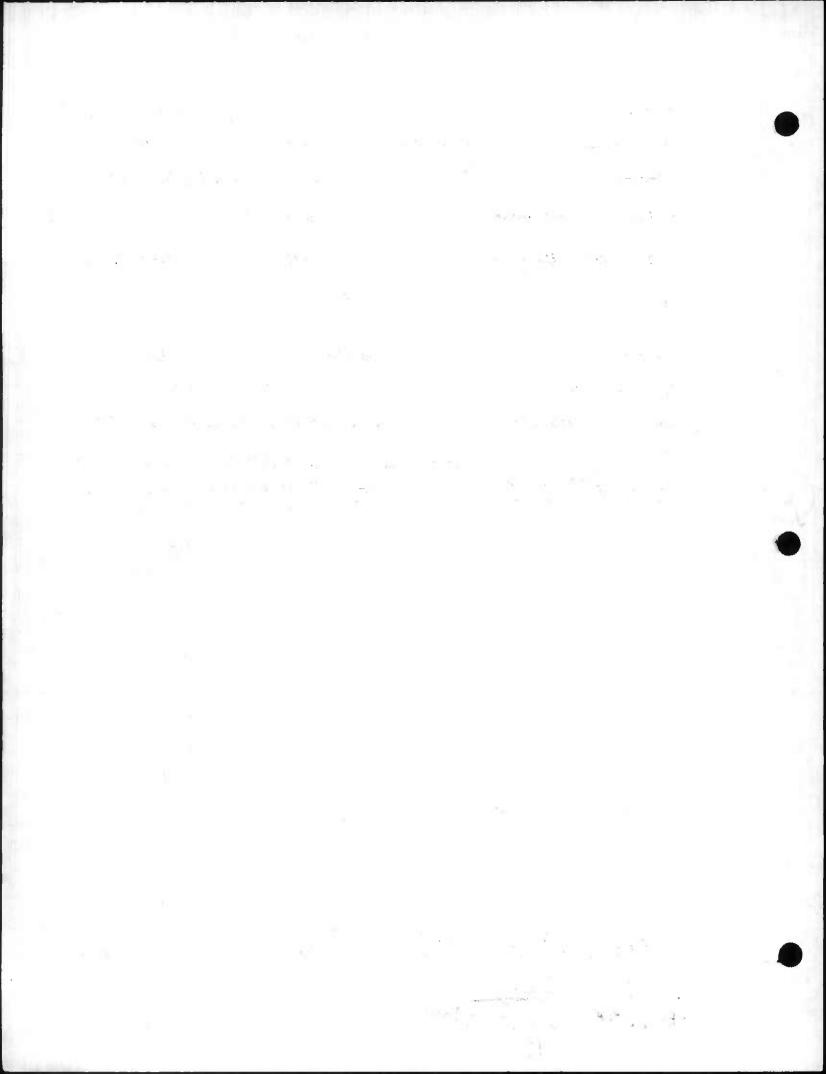
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATI		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Ha	rris		2. DATE OF DEATH MONTH DA	17,198	3. TIME OF DEATH
i	4. SOCIAL SECURITY NUMBER 214-58-7343		(In yrs. last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign unitry)
OR	Bayview Me	dical Gen	ster B	altimos	EATH	De COUNTY OF	
DIRECTOR	10s. STATE 10b. COUNTY	NA	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	,	) Dai	TIMORE 101. ZIP CODE			1 ⚠ YES 2 NO
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED 13.	WAS DECENDENT OF HISPA		or No- 14. R.	ACE — American Indian, lack, White, atc.
В	1 Never Merried 2 Married 3 Widowed 4 Divorced	l	pates Vietnam	It yes, specify Cuben, Mexico 1 YES 2 NO Specific	ly:	Sį	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	166. KIND OF BUILDING	SINESS/INDUSTR	·
BE COM	17. NATHER'S NAME (First, Middle, Last)	JARRIS			AME (First, Middle, Melden	Surname)	
10 B	190. INFORMANT'S NAME (TOO Print)  James Bar	GEL	3400 +	s (Street and Number of Plural	11	rn, Stete, Zip Code	21213
	29a. METHOD OF DISPOSITION  1 Method 2 Cremetton 3 Rem 4 Donation 8 Other (Specify)	loval from State	b. PLACE AND DATE OF DISPO metery, cremetory or other lace		1011	CATION - City of	Mills, md
	TH. SHOWATURE FUNERAL SERVICEN			NAME AND ADDRESS OF FA	-west	rue)	
	952	complications that cause List only one ceuse on				iratory arreat,	Approximata Intervei Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SEPSIS	A CONSEQUENCE OF):				I week
NO	Sequentially liet conditions,	· PSEUDUM		LULIDS			months
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· AQVIRE		NDEFILIEN	cy symp	ROME	YEAKS
CERTI	resulting in deeth) LAST	d		- W			
A	PART II. Other significent condition	na contributing to deeth	but not resulting in the u	nderlying cause given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE (	OF DEATH YES	NO  UNCERTA		,	1 TYES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Check	only one)			
YSI	1 TYES 2 NO	1 Inpettent 2 ER/Ou		reing Home 5 - Residence			
ву рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. OATE OF INJURY (Month, Day, Year)	INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, ferm, street, facecity)	ctory, offica	281. LOCATION (Street City or Town, State	and Number or Ru )	rel Route Number,
COMPLETED	CONSULT OTHY		wiedge, death occurred at the ion and/or investigation, in my				se(s) and manner as stated.
TO BE 0	296. SIGNATURE AND TITLE OF CERTIFIE	$\sim$		DHO8		29d. DATE SIG	NED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WI			vs Hopkin	A HOSPIT	AL, BA	ymat-
	SEP 1 9 1996	Julia Devidon	NATURE '				
		V.					DHMH-18 Rev 1/89

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 27935

				Certifica	ate of	Death		Reg. No.	0 4133
ian	1. Decedent's Name (First, Middle, La	•					2. Data of De Month	eth Day	3. Tima of Death
cal .	Anna	Hoffman	7					ber 11, 1	
ner	4a. Facility Name (If not institution, gir	ve straat and number)				4b. City, Town, or			
	Johns Hopkins Bay	yvien Medic	al Cent	er		Boltimo	ore	N/A	A
		Sex 7. Age	(In yrs. last birt	Month	der 1 Yaar ns Days			th V Voor	Birthplace (Stata or Fore Country)
	213-03-3584	1□ M 2ØF 8	9	rs.	Days	Tiodis Will		4,1907	Maryland
1 F	Usual Residence of Decadent								7.11 29 220 114
l. l	10a. State 10b. County	n D of the arts o	10c. City, Town	or Location		0 1 01			10d. Insida City Limi
Funeral Director	Maryland Bo	iltimore				Dundalk			1 □ Yas 200
Jre	10e. Street and Number			10f.	Zip Coda			10g. Citizen of V	What Country?
ā	7232 German Hi	ill Road				21222		United	States
Der	11. Marital Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was De	cedent of h	Hispenic Origin? (S an, Mexicen, Puer	Specify Yes or No		e - American Indian,
	1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 🔀 N	0			Specify:	to nicen, etc.)		ck, Whita, atc.
by	3 ☑ Widowed 4 ☐ Divorced	if Yas, Give Yaar or Dates:		1 ⊔ Yes	2 M No	Specify:		Specify	" White
Completed	15. Decedent's E (Specify only highest gr	ducetion	16a.	Decedent's U	sual Occup	pation during most of wo	and a law and	16b. Kind of Bu	usiness/Industry
pid	Elemantary/Sacondary (0-12)	Coilege (1-4or 5	r)	lifa. DO NOT	use retire	during most of wo d)	nking		
0	12 Years			Hom	emake	ア		Own	Home
Be	17. Father's Name (First, Middle, Last	)				18. Mother's Na	ma (First, Middle,	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
To	Joseph Hudgins					Ida M	lay No	t Known	
	19a. Informant's Name/Ralationship (	Type, Print)	19b.	Mailing Addre	ess (Street	and Number or R	ural Route Numbe	er, City or Town,	State, Zip Code)
	Zenia Pearl Sass	er/Friend	12	00 N.	E. 92	nd Place	Ocala.	Florida	34479
1	20a. Method of Disposition		20b. Place of cemeter				Date		City or Town, State
	12OtBurlal 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special						117101	Dant'	uo.
-	21. Signature of Funeral Santa Licer	4 4	Sacrea	TIL. U	o Jes	us Cem. 9	/1//96	Baltu	more, MU
		DV		Duda	Ruck	ess of Facility Funeral	Home of	Dundal	k. Inc.
	SAN			7922	wise	Ave. V	undalk.	Marylan	d 21222
	shock, or heart failure. List only	plications that ceused one cause on each lin	the death. Do n	ot entar the m	ode of dyir	ng, such as cerdia	c or raspiratory a	rrest,	Approximate Interval Between
									Onsat and Death
	Immediata Cause (Final diseasa or condition	a Dehyd	cation						24 hours
	resulting in death)	-	Due to (or as a c	onsequence o	of):		- p-		
Examiner		, Dement							5 years
E B	Sequentially list conditions.	0.	ue to (or as a c	onsequence o	of):				years
	Sequentially list conditions, if any, laading to immediate ceuse. Enter Undarlying Cause (Disease or Injury								
0	triat mitiated availts	C	ua to (or as a co	nsequance o	f):				
3	resulting in death) Last				.,,				
2		d							
Physician/	Part II. Other elemificant conditions	and the stine and stands to st	and the Minimum Inc.						
S L	Part II. Other algnificant conditions of	ontributing to death but	not rasulting in	tha undariying	g ceuse giv	an in Part I.			ntributa to the cause of deat
4	Atrial fibrillatio	20					10	Yes 2000	3 Probably 4 Unkno
d by							040 11100	an autopsv	24b. Were autopsy findings
Completed								med?	available prior to completion of cause
du									of daath?
S							101	ea 20 No	1 ☐ Yes 2 ☐ No
DU	25. Was cesa referred to medical axaminer?					26. Place of De	ath (Check only o	ne)	
2	1 ☐ Yas 2 No	Hospital: 12 Inpatien	t 2 ER/Out	patient 3 I	DOA Oth	er: 4 Nursing H	lome 5 ☐ Resid	lence 6 Othe	er (Specify)
	27. Mannar of Death 1 ■ Natural 5 □ Pending	28a. Date of injury (Month, Day	Year) 28b. Ti	me of jury	28c. Injur Wor	y at	28d. Describe h	now injury occurr	ed
0	2 ☐ Accident investigation	1		М		Yas 2□No			
atio		e 28e. Place of Injurbuilding, etc.	y - At home, fan	n, street, facto	ory, office				er or Rural Routa Number,
tificatio	3 Suicida 6 Could not be determined		(Specily)				City or Tou	m, Stata)	
Certificatio	4 Homicida determined								
al Certification:	4 ☐ Homicida determined  29a. Certifier 1 ★ Certifying Ph	ysician: To the best of	my knowiedge,	daath occurre	d at the tin	ma, data and place	and due to the	euse(s) and ma	nner as stated.
	4 ☐ Homicida determined  29a. Certifier 1 ★ Certifying Ph	ysician: To the best of	xamination and	daath occurre or investigation	d at the tin	ma, data and place pinion, death occu	e, and due to the durred at the time,	ceuse(s) and ma date and place, a	nner as stated. and due to the cause(s)
ledicai	4 Homicida determined  29a. Certifier (Check only 2 Medicai Exam	ysician: To the best of niner: On the basis of	xamination and	or investigation	on, in my o	pinion, death occu	irred at the time,	date and place, a	nner as stated. and due to the cause(s)
ledicai	4 Homicida determined  29a. Certifier (Check only one)  12 Certifying Ph 2 Medical Exam	ysician: To the best of niner: On the basis of	xamination and	or investigation	on, in my o	pinion, death occu	irred at the time,	date and place, a	and due to the cause(s)
Medicai	29a. Certifier (Check only one)  29b. Signature and title of certifiar	yalclan: To the best of niner: On the basis of and manner state	ed.	or investigation	on, in my o	a number	urred at the time,	date and place, a	and due to the cause(s)
Medicai	4 Homicida determined  29a. Certifier (Check only one)  12 Certifying Ph 2 Medical Exam	yalclan: To the best of niner: On the basis of and manner state	ed.	or investigation	on, in my o	pinion, death occu	urred at the time,	date and place, a	and due to the cause(s)

DHMH 16 Ray 6/95



IF	)				State	of Ma	aryland		artment of artificate o			Mental H	ygien Reg. N		96	21	936
			1. Decedent's Name (First, M	liddla, L	est)							2. Date of D	eath			3. Time	of Death
	Physic /Medi		DOUGLAS		HAR	RIS	ON			B	ОСН	Month SEPTE		ay R 1:	Yaar	96	9:54P
	Exami		4a. Facility Name (If not insti	ution, gi	va street and n	umbar)				_		r Location of Dea			of Death	30	7: J4P
1			ANNE ARUNDI	EL M	EDICA:	L C	ENTER			AI	NNAPOI	TS	A	NNE	ARUN	DEL.	
	Funerai Director	Г	5. Social Security Number 579 – 88 – 80 79	6.	Sex 1⊠M 2□F	7	3 0	birthday Yrs.	Months Day	ar	If Under 24 H	s. 8. Date of B				aca (Stat	e or Foreign
	p.		Usual Residence of Deceder												-		
	e Maryla 8a-f shov	Director	MD Anne		rundel		10c. City, T 1912		dsboro	P	lace,	Edgewa	ter		10		City Limits
	th with th	al Dire	10e. Street and Number 1912 Woodsl	oro	Plac	е			10f. Zip Code 21		7		10g. C US		What Count	ry?	
020	swithin 72 hours after death with the Manyland liane. I then "natural", or items 23s or 28s-f show the Modical Experient must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2□ 3 □ Widowed 4 □ Divo		12. Was Dec Armed F 1  Yas If Yes, G Yaar or	orces? 2 de		13.	Was Decedent of If Yes, specify Co	uban	panic Origin? , Mexican, Pus Specify:	Specify Yas or Norto Rican, etc.)	10-		ca - America ck, White, a y: Wh		
Ö	72 ho				ducation		1	6a. Dece	edent's Usual Occ	cupat	ion		16b. I	Kind of B	usiness/Indu	ustry	
21218	swithin 7 liane. r than "n	Completed	(Specify only his Elamentary/Secondary (0-12		ade completed College		+)	(Give life. Mec	kind of work dor DO NOT use reti hanic	ne du ired)	ring most of w	orking			tomot		
Maryland 21215-0020	should be filed and Mental Hyg		17. Father's Name (First, Mid Robert Bo	dia, Las	)					1		ama (First, Middl ca Jear			ne)		
Mary			19a. Informant's Name/Relati Robert Bo	-	(Type, Print)				ing Address (Stre								1037
Baltimore,	peartif. Pages 1 end 2 Depertment of Health is Important: If Item 27 is eny Injury or other tra once.		20a. Method of Disposition 1  Burlal 2 □ Cremat  □ Donation 5 □ Othe			State	ceme	etery, cre	osition (Name of omatory or other p	olace,		Date 9/20			City or Tow		. MD
	Physician /Medical Examiner		23a. Part1. Enter the disease shock, or heart failure.  Immediate Cause (Final disease or condition resulting in death)	o, or c <del>ón</del> List only	plications that one cause on	204	the death. I	Do not an		re]	y Ave	. Anna	poli		1D 2	140 Approxim Interval B Onset an	nate Batween
_	p #	ne					00000	u 001130	quariou ory.								
oʻ	cate be executed physician and the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	ſ	b		Oue to (or as	a conse	quence of):								
ox 68760,	death certificate be executed e ettanding physician and of for use es the buriel-transit	Physician/Medical	Cause (Disease or injury that initiated events resulting in death) Last	ĺ	c	C	Due to (or as	a conse	quenca of):					· · ·			
s, P.O. Bo	es thet the igned by th be datache		Part II. Other significant con-	litions o	ontributing to d	leath bu	t not resultin	g in the u	underlying cause (	given	In Part I.		tobacce		ntributs to t		s of death?
ord													s an auto formed?	ррѕу	com	e autops labla prio pletion o eath?	r to
	The page	Completed										10	Yes 2	□No	10	Yas 2	□ No
Vita		Be (	25. Was case refarred to med examinar?	ical						- 1	26. Place of De	eath (Check only	one)				
of	S S	2	XIX Yes 2 No		Hospital: 1 □	Inpatien	t 2 ERV	Outpatie	nt 3 DOA	Other:	4 Nursing	Home 5□Ras	idence	6 □Oth	er (Specify)		
	une une		La rociociii	stigation	1 th probability	of Injury oth, Day	Year) 281	Tima o Injury	W	jury a /ork? □ Ye	s 2 No	28d. Describe	how Inju	ll off	1 4	nda	rounes
-	교육하다	Certification:	3 Suicide 6 Co 4 Homloide det	ıld not b ermined	0			1 -	reet, factory, office	0		28f. Location City or To	(Street a	nd Numb	oer or Aural I	Route Nu	imber. Creekii
	the Hospital in 24 hours of the Funeral ipletely filled	edical	29a. Certifier 1 Certi (Check only one)	ying Ph ai Exan	ysician: To the niner: On the b and man	asis of e	examination	ige, deat and/or in	h occurred at the vestigation, in my	time, opin	date and place ion, death occ	e, and due to the urred at the time	cause(s	and ma d place,	anner as stat and due to t	ted. he cause	(S)

THE DOORE M.K. State Registrar

29b. Signature and title of certifier

2. Registrar's Signature

30. Name and addrass of person who completed cause of the (Item 23a) (Type, Print)

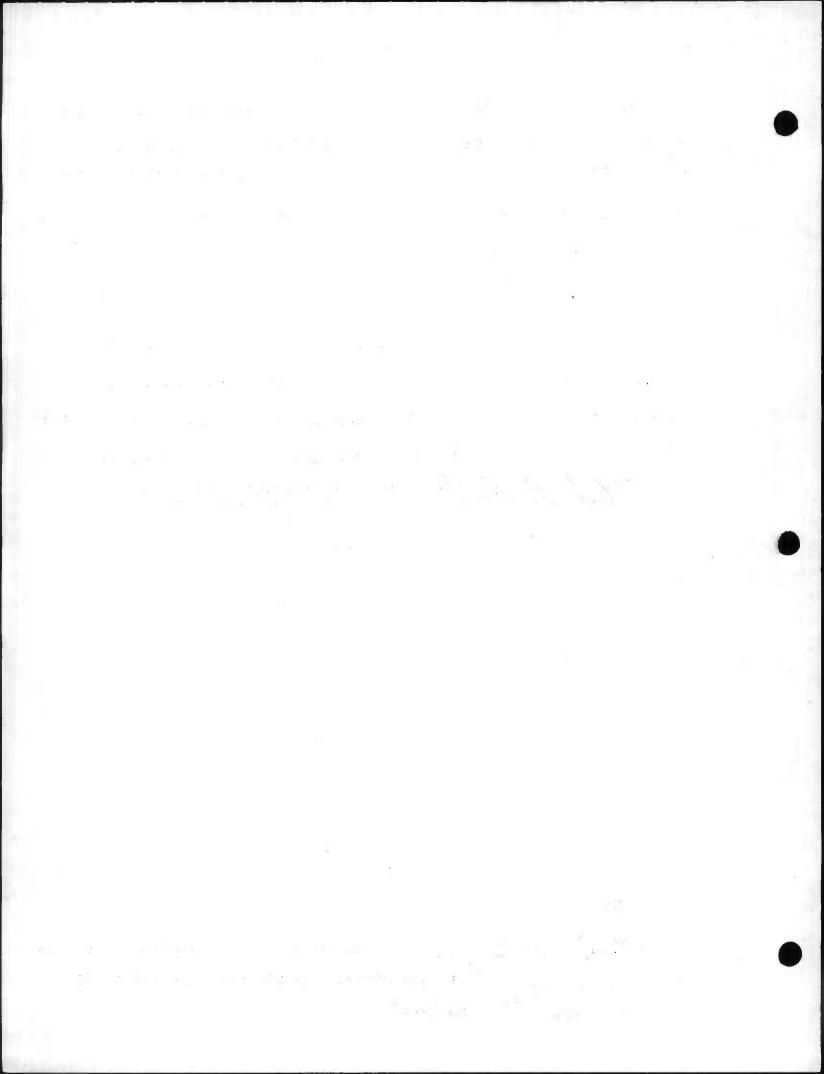
THE DROKE LL.K. 111 Penn Street, Baltimore, Maryland 21201

29c. Licanse numbar

O.C.M.E.

29d. Date signed (Month, Day, Year)

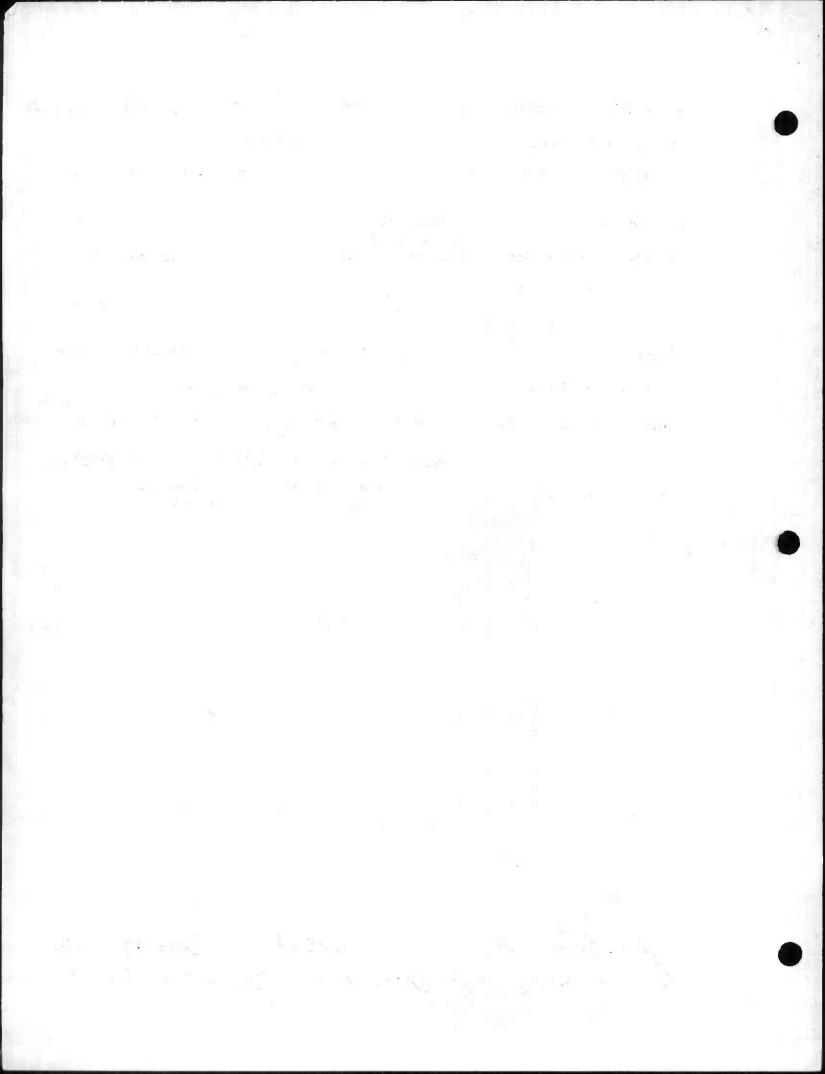
SEPTEMBER 16, 1996



State of Maryland / Department of Health and Mental Hygiene 96 27937

				C	Certificate of	Death		leg. No.		-1501
Physic /Medi Exami	cal	1. Decedent's Neme (First, Middle, Le  JAMES ED  4e. Fecility Neme (If not institution, giv	WARD	HARTE	el Sr	4b. City, Town, or Lo	2. Dete of Dee Month SEPT ocation of Deeth	Dey 17 4c. County	996 of Deeth	3. Time of Death  1:30 PM
Funeral Director		217-03-1715		(In yrs. lest birtho	Months Deve		8. Dete of Birth (Month, Dey Aug 13,	N/A 1913	9. Birthpli Count Mary	ece (State or Foreigr 'Land
yland		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, Town o	r Location				10	Od. Inside City Limits
the Maryland 28a-f show sotified at	Director	Maryland Baltimon	re	Catons	sville					1 ☐ Yes 2 ☒ No
with the		10e. Streat end Number		514	10f. Zip Code	0	1	Og. Citizen of	What Count	•
72 hours after death with the Marylan *natural*, or flams 23a or 28a-f show edical Examiner must be notified at	by Funeral	719 Maiden Choice 11. Maritel Status 1 Never Married 2 Married	12. Wes Decedent E Armed Forces? 1 X Yes 2 No if Yes. Giva			Hispanic Origin? (Sp ban, Mexican, Puerto	ecify Yes or No- Rican, etc.)		ce - America ck, White, e	
d within 72 hours after glane. or than "natural", or list the Medical Examin	Completed b	3 Widowed 4 Divorced  15. Decedent's Edition (Specify only highest green)	ducation	WW2	ecedent's Usuel Occu	upetion e during most of work ed)	ing	16b. Kind of B		
s within lane. Than the May	dmo	Elementery/Secondary (0-12) 12 years	Coilege (1-4or 5+	)	it & Produ			Jessup	Whole	esalers
d office of the second	To Be C	17. Fethar's Neme (First, Middla, Last, Frederick G. Ha				18. Mother's Name	e (First, Middle, the Engla	Maiden Suman		
2 should i and Mer is marks raumatic	ľ	19e. informant's Neme/Reletionship (	Type, Print)			et end Number or Run				
ges 1 and 1 of Health If Item 27 or other to		Lydia M. Hartel  20e. Method of Disposition  1 StBurial 2 Cremetion 3	(Wife)	-	Maiden Ch isposition (Neme of cremetory or other plants		Data	20c. Location	- City or Tov	vn, Stete
permit. Pages 1 an Department of Heal Important: If New 2 any Injury or other once.		4 Donetion 5 Other (Specification of Funeral Service Licer			d Veterans 22. Name end Addi Loring Bye					aryland
Physician /Medical		23a. Party Enter the disaasa, or com show or heart feilure. List only Immediate Ceusa (Final disease or condition	plicetions that caused to one ceuse on each line	he deeth. Do not	8728 Liber enter the mode of dy	cty Rd. R	andallst or respiretory err	cown, M		Approximete interval Between Onsat and Deeth
Examiner	liner	resulting in deeth)	0.	ua to (or as a cor	sequenca of):					zwks
sertificate be executed ding physician and se as the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	c. LUNG	ue to (or es a cor G CA U( ue to (or es e con	ER, NOL	U-SMALL	CELL		Ŋ	nonths
law requires that the death ce as been signed by the attendii 2 should be deteched for use	by Physician/	Pert II. Other significant conditions of	ontributing to death but			iven in Pert I.	23b. Did to		ntribute to	the cause of death?
0 5 0	Completed b		,				24e. Wes a perform	med?	evei com of de	re autopsy findings ilabla prior to pletion of cause eath?
ician: The li certificata ha rector, paga	Be Co	25. Wes case referred to medical				26. Plece of Deetl	1 Ye		10	Yes 200No
Physician: this certific ral director,	To B	exeminer? 1 Yes 2 No	Hospitel:	2 ER/Outpa	tient 3 DOA	ther	me 5 Reside		er (Specify)	
After fune		27. Mennar of Deeth Naturel 5 Pending investigation		Year) 28b. Tim Inju	y We	ury et ork? Yes 2 No	28d. Describe ho	ow injury occur	red	
ital or Attendurs after death	Certification:	3 Suicide 6 Could not be detarmined	building, etc.	(Specify)	street, fectory, offica		28f. Location (St City or Town	n, Stete)		
To the Hospital within 24 hours a To the Funeral Completely filled	fedical	one) 2 Medical Exam	ysician: To the best of niner: On the basis of e end menner stets	xamination and/o	r investigation, in my	opinion, deeth occurr	ed et the time, d	ate end place,	and due to	tha cause(s)
INA Son	M	29b. Signeture and title of dentifier	mD			18587	2	9d. Dete signe	Month, D	ey, Year) 1996
5		30. Nemerand address of person who o	completed cause of das	th (itam 23a) Ty	pe, Print) N	BY	SALTA	mo	217	29

State Registrar



State of Maryland / Department of Health and Mental Hygiene 27938 Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Date of Death 3. Time of Death Sept. Day **Physician** Alverna /Medicai 4a. Facility Name (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** N/A Baltimore St. Agnes Hospital Hours Min. July 24, 1926 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1□M 213F Months Days 70 Baltimore Director 220-20-0240 Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location  $nem \, 27$  is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Evaminer must be notified at 10d. Inside City Limits 1 Yes 2 No Director Glen Burnie Md. Anne Arundel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21061 U.S.A. 110 South Third Ave. Funeral 72 hours after death 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 200 Married 1 Yes 2 X No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify White þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) penfil. Pages 1 end 2 should be filed within 721 penfalt. Pages 1 end 2 should be filed within 721 penfalt Hygiene. Important: If item 27 le merked other then "nets any hijury or other traumatic event, the Medical once. 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 House wife Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Henry Matthias Agnes Carback 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informant's Name/Relationship (Type, Print) 110 S. Third Ave., Glen Burnie, Maryland, 21061 Robin E. Hood / Husband 20b. Place of Disposition (Name of cemetery, cremetory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State Glen Haven Memorial Park 9/20/96 Glen Burnie, Md. 4 ☐ Donation 5 ☐ Other (Specify) 2McCuin od Funeral Home of Brooklyn 237 E. Patapsco Ave./ Baltimore, Md. 21225 23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Finel disease or condition resulting in deeth) RESPIRATORY FAILURE /Medical hours Examiner Due to (or as a consequenca of): Examiner CEREBROVASCULAR ACCIDENT attending physician and for usa as the bunal-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequenca of): OLD P.O. Box 68760, Physician/Medicai Due to (or as a consequence of) the RIGHT TOTAL CAROTID A. OCCLUSION, LEFT SEVERE CAROTID STENOSIS Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 5 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown RHEUMATOID VASCULITIS signed b Records, by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Be Completed 24e. Wes en eutopsy RHUEUMATOID ARTHRITIS 1 Yes 2 No 1 Yes 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p. 25. Wes case referred to medical examiner?
1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner ea atated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) end manner stated. 29a. Certifier Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Osanlow saen Kongsak 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) KONGSAK CHANTORNSAENG ST. AGNES HOSPITAL 900 CATON AVE. BALTIMORE, MD 21229 Sura Savason-State

**DHMH 16 Rev 6/95** 

Registrar

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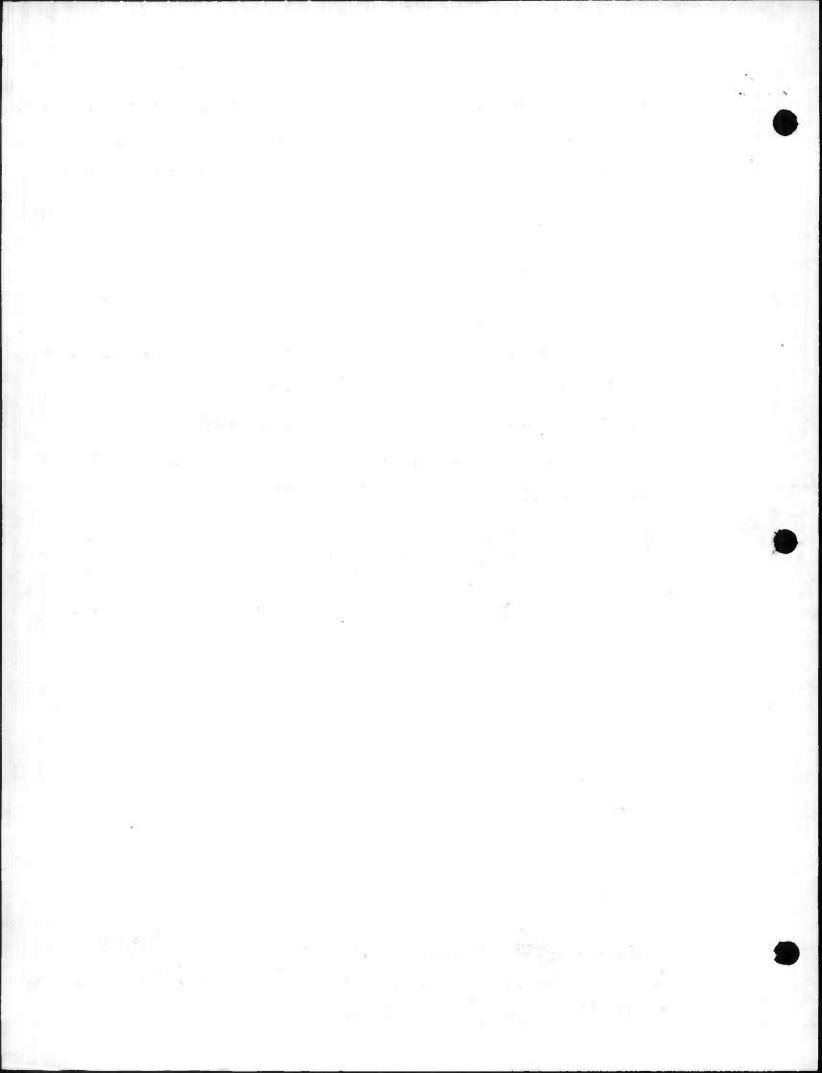
nysici	ian	1. Decedent's Name (First, Mi GRACE BLAN	ddla, Lest)	LMRI	СН	Cel	tificate of	Deall		2. Deta of Month Septe	Day	1 7	Year 1 9 9 6	3. Time of Deeth
Medi: kamir		4a. Fecility Neme (If not institu						4b. City, 7	Town, or L	ocation of D			of Death	
Kallili	ici	6607 Alter S							earn				timon	
neral		5. Social Sacurity Numbar	6. Sex		. Aga (In yrs.	. lest birthday)	If Undar 1 Yas	r If Unda	r 24 Hrs.	_	Birth Dey, Yeer)			placa (Stete or Foraig
ctor		212-22-2245A	1□ M 2	ØF	87	Yrs.	Months Dey	s Hours	Min.	Sept	27, 19	808	Mar	yland
		Usuel Residance of Decedent 10e. State 10b. Cou	nty		10c. C	ity, Town or Lo	cation					-	-	10d. Inside City Llmit
	to	Maryland Balt	imore			Lochea	rn							1 □ Yes 2 ☑ N
	Director	10e. Street end Number	THIOLE			Lochea	10f. Zip Coda				10g. Citiz	zen of V	Whet Cou	ntry?
		6607 Alter S	St.				212	207			USA	A		
	Funeral	11. Marital Status	12. Wa	as Deced	ant Ever in L	J,S. 13. \	Was Dacedent of Yes, specify Cu	Hispanic C	orlgin? (Sp	ecify Yes or	No- 1			cen Indian,
		1 Never Married 2 N	lerrled 1 [	Yes 2	. ⊠ No		I □ Yas 21⊠ Ne			riicari, atc.,		Specify	ck, White,	
	d by	3 Widowed 4 Divorce	ed Ye	ar or Dat	es:								WI	hite
	Completed	15. Deced (Specify only hig	lant's Education hest grade comp	olated)		16e. Deced	lent's Usual Occi kind of work don DO NOT use retir	upetion e during mo	st of work	ing	16b. Kin	nd of Bu	usiness/in	dustry
	E	Elementary/Secondary (0-12	2) Co 2 ye	llege (1-4	for 5+)		11 Depai	,			Ren	412	Corr	oration
	Be C	17. Fether's Neme (First, Midd		ars		Taylo	II Depai			e (First, Mid	dla, Maidan S			Joracion
	To B	Lester C. Wh	ite					The	odos	ia Bel	lle Da	shie	e11	
		19a. Informant's Name/Relation	onship (Type, Pri	int)		19b. Mailin	g Address (Stree	et end Num	ber or Rur	el Routa Nu	mber, City or	Town,	Stete, Zij	Code)
		Shirley Arboga	ast (Da	ught	er)	8220	Arrowhea	ad Rd.	Pi	kesvil	lle, M	D	2120	08
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death

29d. Dete signed (Month, Day, Year)

SEPT. 4, 1996

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To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the

Stephen S, 1 31. Deta filad (Month, Day, Year) SEP 1 9 1996 State Registrar

29b. Signetura end title of cartifiar

29a. Cartifiar (Check only one)

30. Neme and addrass of person who completed causa of deeth (Item 23a) (Type, Print)

Radeniz, Mp111 Penn Street, Baltimore, Maryland 21201

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

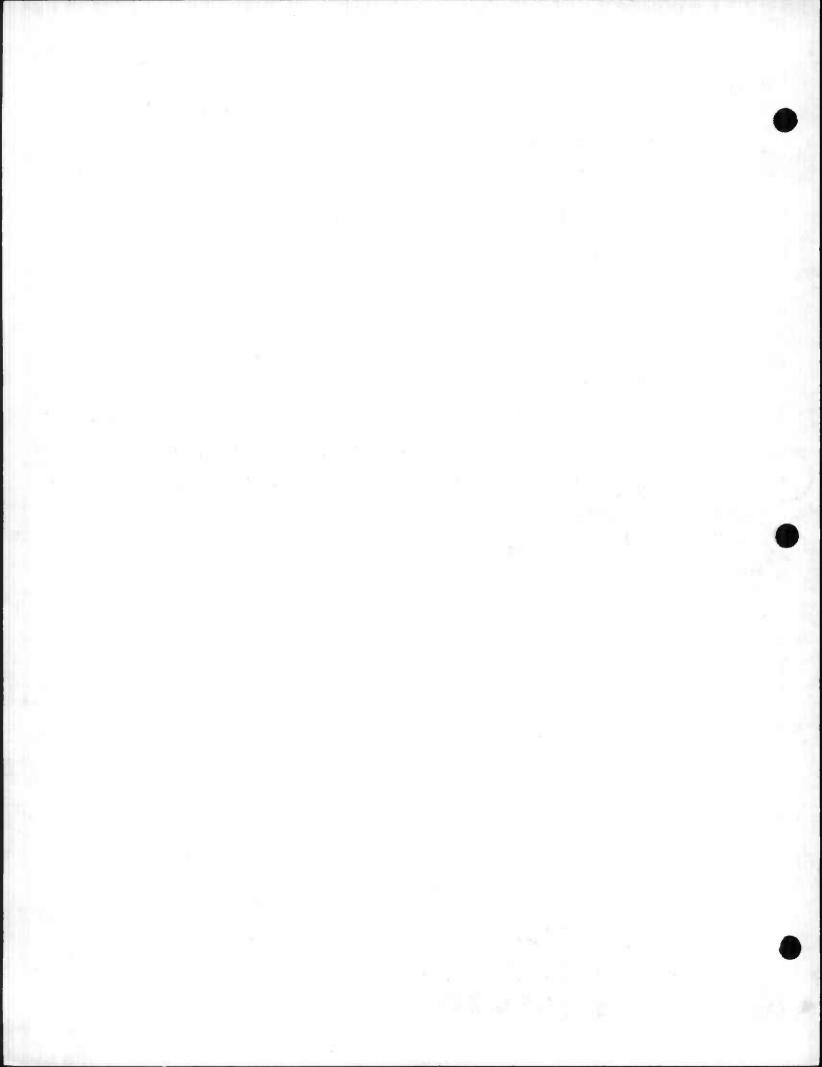
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State of Maryland / Department of Health and Mental Hygiene 96 27941

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90 90			-		-										
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1	1 .	27. Menner of Deeth 1 ☑ Naturel	5 Panding	28e. Dete of I	njury Day Year)	28b. Time of Injury	f 28	Bc. Injui Wo	ry et	2	28d. Describe h	ow Injury occur	red		
me rune cation		2 Accident	investigation		27 . 34.7	, rijut y	М		Yas 2□!	No					
iffe y		3 ☐ Suicida 4 ☐ Homicide	6 Could not be detarmined	286. Pieca of	Injury - At ho	me, ferm, str	eet, fectory,	offica		2	28f. Location (S	treet end Numb	er or Rural	Route I	Vum <i>ber</i> ,
Certification:		Fromicide		bullaing,	etc. (Specify	,					City or Town	r, State)			
alc		29a. Cartifier	1 Certifying Ph	yelclan: To the be	st of my know	vledga, deeth	n occurred a	it the tir	me, dete and	d place. a	and dua to the o	euse(s) and ma	nnar as ste	tad.	
edical		(Check only one)	2 ☐ Medical Exam	niner: On the basis end mennar	of examinet	ion end/or Inv	vestigetion,	In my o	pinion, deet	th occurre	ed at the time, d	ete end pleca,	end dua to t	the ceus	se(s)
Completely tilled in Medical Cert		29b. Signeture and t	itie of cartifier				29c.	Licans	se number		2	9d. Data signe	d (Month. D	ay, Yea	ır)
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State of Maryland / De

epartment of Health and Mental Hyg	iene UNKNOWN 9642
Partificate of Death	

Physic /Medi Examir

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 Is marked other than "naturel", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.

Itimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be assecuted within 24 hours after death.

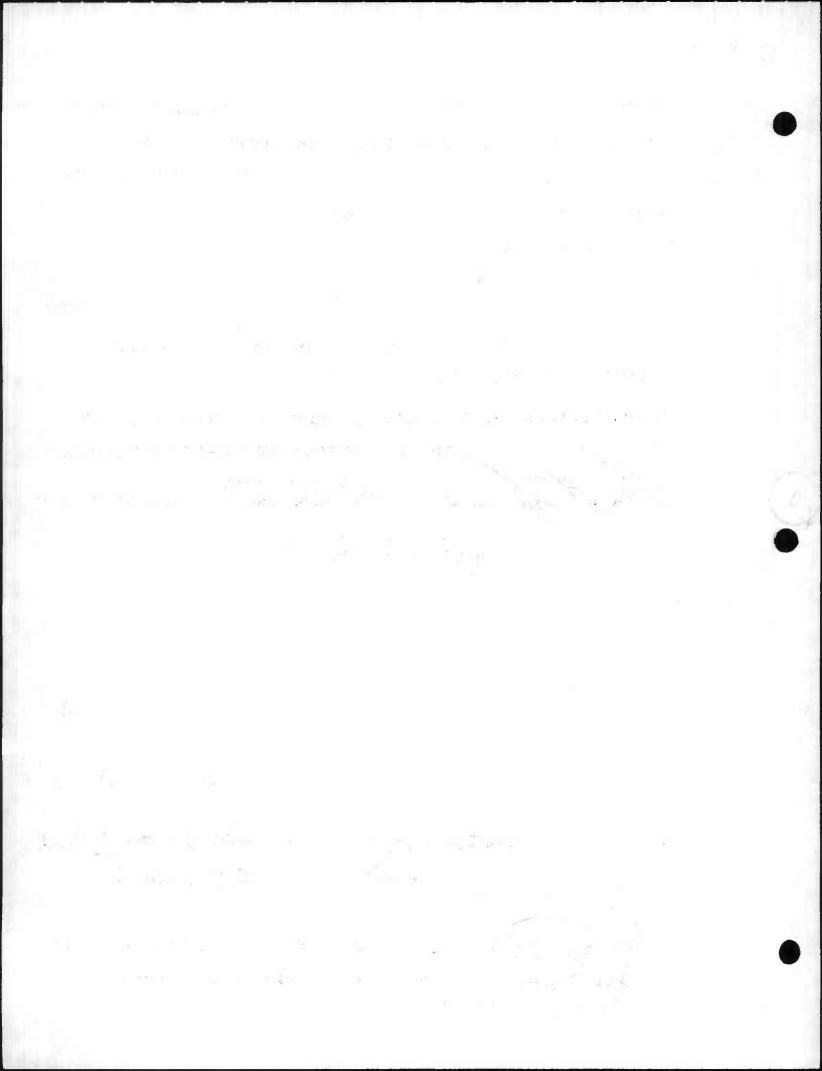
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit

Division of Vital Records, P.O. Box 68760,

State Registrar

SEP1 9 1996

		Certi	ficate of	Death		Reg. No.		
Decedent's Name (First, Middle, L.  D.L. C.FILV					2. Dete of Der		Year	3. Time of Deeth
DUSTY	KLEIN				SEPTEME			96 9:45AI
4e. Facility Name (If not institution, g					or Location of Deeth		y of Deeth	
I = 83 S/B SOUTI			ANE if Under 1 Year	BALT I		N/	1	
527–39–2598 Usual Residence of Decedent	1 □ M 2 💢 F		Months Days	Hours M		y, Year)	Cour	piace (State or Foreign htry) YLAND
10a. State 10b. County		City, Town or Locat	tion				1	10d. inside City Limits
ARYLAND N,	/A	В.	ALTIMOR	E			3 1	1 X Yes 2 □ No
ARYLAND N, 10e. Street end Number 809 BOSTON ST., Al	PT. 410		10f. Zip Code	21224		10g. Citizen of USA	What Cour	ntry?
11. Marital Stetus  1 ☒ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorcad	12. Wes Decedent Ever in Armed Force ? 1 ☐ Yes 2 ☐ No If Yes, Give	If Y	s Decedent of I es, specify Cub	dispanic Origin? an, Mexican, Pu Specify:	(Specify Yes or No- erto Rican, etc.)		ca - Americ ick, White, fy:	
15. Decadent's E	Year or Detes:	16e Deceden	nt's Usuai Occur	etion		16h Kind of E	lucinose/la	WHITE
(Specify only highest gi Eiementary/Secondary (0-12)	College (1-4or 5+)	(Give kin life. DO	d of work done NOT use retire	during most of v		16b. Kind of E	L EST	
17. Father's Name (First, Middle, Las PHILIP	KLEIN, JR			18. Mother's N	ame (First, Middle,			NABLE
19a. Informant's Name/Relationship	(Type, Print)	19b. Mailing	Address (Street	and Number or	Rural Route Numbe	er, City or Town	, State, Zip	Code)
MR. PHILIP E. KI	LEIN, SR. (GRA	NDFATHER	) 2700	STEELE I	ROAD BALT	IMORE,	MD 21	209
20e. Method of Disposition  1  Burial 2  Gremmion 3  4  Doneton 5  Gremmion (Spec	Removal from State	Piace of Dispositi cemetery, cremate HEB SHALO	on (Neme of ony or other pla OM MEMO	RIAL PA	Date RK 9-18-1	20c. Location 996—REI	- City or To	STOWN, MD
21. Signature of Funeral Service Lice	Mea	22. N	ame end Addre	ss of Facility	1			
V/6 1	X.				BROS., I			
23a. Part1. Enter the mase, or con	ingleations that caused the de	ath. Do not enter t	the mode of dvi	1Stersto no. such es card	own Road	Pikesvi rest	He,	MD 21208 Approximete
shock, or heart failure that only	one ceuse on each line.		,		, , , , , , , , , , , , , , , , , , , ,			Intervei Between Onset end Death
Immediate Cause (Finei	11/	2:					i	
disease or condition resulting in death)	e. Due to	(or as e consequer	vo co				-	
	ţ						1	
Sequentieily list conditions,	D. Due to	(or as a consequer	nca of):					
if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	6							
that initiated events resulting in death) Lest	Due to	(or es a consequer	nce of):				1	
	d						į	
D-11 04 12 12					-			
Part II. Other significant conditions	contributing to death but not re	sulting in the unde	riying cause giv	en in Part i.				the cause of death?
					_ 1 _ 1	res 2□No	3 Prol	bably 400 Unknown
					24a. Was o	en eutopsy med?	evi	ere autopsy findings allable prior to mpletion of cause deeth?
					1 <b>.K</b> ) Y	es 2 No	1.0	¥Yes 2□ No
25. Wes case referred to medical				26. Plece of D	eeth (Check only o		/	163 2010
examiner? 11X1 Yes 2 □ No	Hospitel: 1 ☐ Inpatient 2	☐ ER/Outpatient	3 DOA Oth				ner (Specifi	y) ROADWAY
27. Menner of Deeth  1 Netural 5 Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor		28d. Describe h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		× 0
2 Accident investigation	9-15.96	0937		Yes 2 No	Driver !	s) and	ome	- 2hol
3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Placa of injury - At building, etc. (Spec	home, farm, street,	factory, office		28f. Location (S City or Tow I 83 S	treet end Numi	ber or Rura	Houte Number,
29a. Certifier (Check only one) 1 CertifyIng Pt X2 Medical Example 1	nyaicien: To the best of my kn miner: On the basis of examin end manner stated.	owledge, death oc ation end/or invest	curred et the tir tigation, in my o	ne, dete end pla pinion, death oc	ce, end due to the o	ause(s) end m	enner as st and due to	ated. the cause(s)
29b. Signature and title of certifier			29c. Licens	e number	2	29d. Date signe	d (Month,	Day, Year)
Mh	-AN	_	o.c.	M.E.	SI	EPTEMB	ER 1	5, 1996
30. Name and anyress of person whe	completed gause of deeth (Ite	m 23a) (Type, Prin						-, -,,,,,
mon	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			, Balt	imore, l	Maryla	nd 2	1201
71 000 11 /06 1	7					-		



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene FilmG739 item 20d perFH 9-19-96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month 5:30 fm 4b. City, Town, or Location of Deeth /Medical 4e. Fecility Neme (If not institution, give street and number) Examiner GRANTLE Baltimore STreat If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth Months | Deys | Hours | Min. (Month, Day, Year) 5. Sociel Security Number Funeral 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months 1□M 210 F 249-42-0928 Yrs. Director Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 Yes 2 No NA Daltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9 natural, or items 23a 21229 .5 Her 12. Wes Decedent Ever In U,S. Armed Forces?, 1 ☐ Yes 2 ☑ No It Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. Pages 1 end 2 should be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 □ Divorced Specify: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementery/Şecondery (0-12) College (1-4or 5+) NA 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame. Be and Mental Bran Her Zola 19e. Informent's Neme/Reletionship (Type, Print) Daughty 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2: Department of Health ar Important: if Item 27 is any injury or other trau 60 Solee 607 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burlat 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) -21-96 - Airel Cross Cem. 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. lad Approximete intervel Between Onset and Deeth **Physician** Immediete Cause (Finel diseese or condition resulting in deeth) /Medical Examiner The law requires that the death certificate be axecuted the burial-tran Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown of Vital Records, þ 24b. Were eutopsy findings eveltable prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? certificata has 2 1 No 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical exeminer? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this Director: After this d in by the funeral 27. Manner of Death Dete of Injury (Month, Day Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Division 5 Pending Investigation 1 Neturel death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide To the Hospital or within 24 hours af To the Funeral Di completely filled is 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

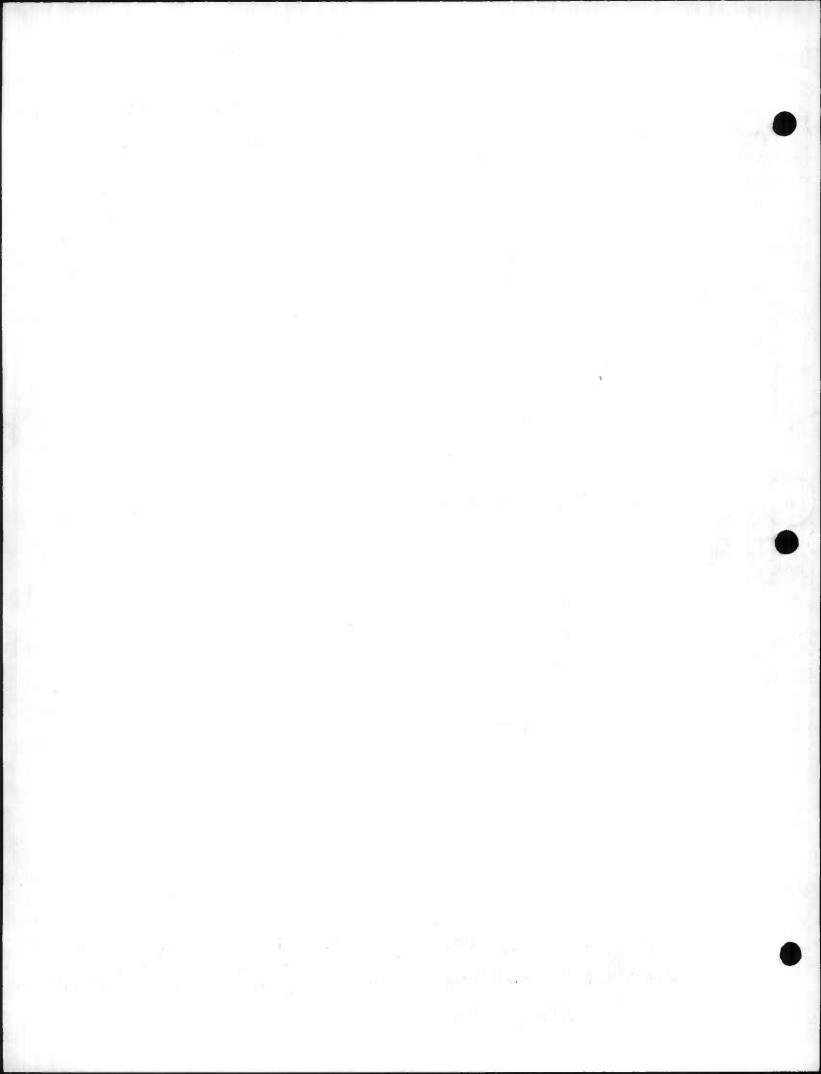
2 Medicat Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

Registrar

31. Dete filed (Month, Dey, Year) SEP1 9 1996



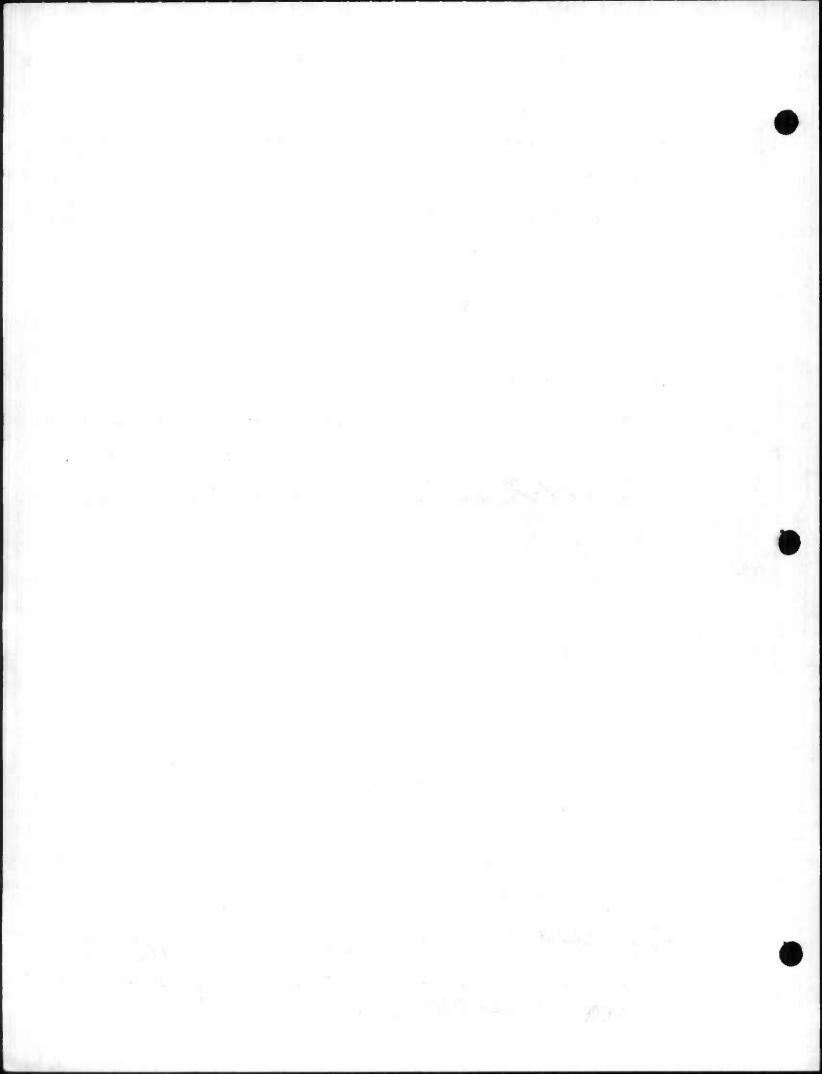
lass by too



State of Maryland / Department of Health and Mental Hygiene

27944 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth 3. Tima of Death **Physician** Day 17, 6:45 pm 1996 John Jacob Bernard Lerch Jr. Sept. /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 5407 Solomons Island Road Lothian Anne Arundel 8. Data of Birth Month, Day, Yaa Feb. 16, 7. Aga (In yrs. last birthday) If Under 1 Yaar if Undar 24 Hrs. 5. Social Sacurity Number 6. Sax Birthplaca (Stata or Foreign Country) **Funeral** Months Days Min. Yaar) Hours 1 ☐MM 2 ☐ F Yrs. 84 1912 Director 213-36-1296 Washingtonuc Usual Residance of Dacedant poenti. Pages 1 and 2 should be filed within 72 hours after deeth with the Manyland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "netural", or items 23a or 28a-f show any injury or other traumetic event, its Medical Examine main be marked. 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits MD Anne Arundel Director Davidsonville 1 Yas 2 No 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 21035 2874 Patuxent River Road USA Funerai 12. Wes Decedant Evar in U,S. Armed Forces? 11. Maritel Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Raca - American Indian, Biack, Whita, atc 1 XYas 2 No If Yas, Giva Year or Detes: 34-36 1 Navar Marriad 2 Married 21215-0020 White 1□ Yes 2□Xo þ Specify: 3 Widowed 4 Divorcad Completed 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elemantery/Secondary (0-12) Collaga (1-4or 5+) Farmer Farming 12 Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be Julia Hanft John J. B. Lerch Sr. 19a. Informant's Name/Ralationship (Type, Print) Anna G. Lerch 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 2874 Patuxent River Road, Davidsonville MD 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ₺ Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata 9/20 Davidsonville, MD Lakemont Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Tyneral Service License 22. Neme end Addrass of Fecility Hardesty Funeral Home, P.A. ann 12 Ridgely Ave. Annapolis, MD 21401 23a. Part1. Entar tha disaase, of complication, that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cardies on each line. **Physician** ang Cargroma Immadlata Causa (Final disaasa or condition rasulting In death) /Medical Examiner Dua to (or as a consequanca of) Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata cause. Enter Underlying Causa (Diseese or injury that initiated avants resulting in daath) Last and Dua to (or as a consequenca of) Box 68760, physician Physician/Medicai the Due to (or as a consequence of): ned by the atter Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. O 23b. Did tobacco use contribute to the cause of death? signed by t ۵. 15 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings availabla prior to completion of cause of daath? Completed 24a. Was an autopsy performed? peed has certificate 1 Yas 1 Yas 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica tiely filled in by the funeral director; g 25. Was casa raferred to medical examinar? Be 26. Placa of Death (Check only one) Othar: 4☐ Nursing Homa 5⊠ Rasidanca 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27, Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding invastigation Natural 2 Accidant 1 TYas 2 No 6 Could not be datarmined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 Suicide 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours of To the Funeral D completely filled? Medicai Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Cartifier (Check only 29b. Signature and title of cart 29c. License numbe 29d. Dete signed (Month: Day, Year) 30. Nama and addrass of parson who complated cause of death (Item 23a) (Type, Print) Howard Ridgeley any 31. Data filed (Month, Day, Year) State SEP 1 9 1996 Registrar



27945

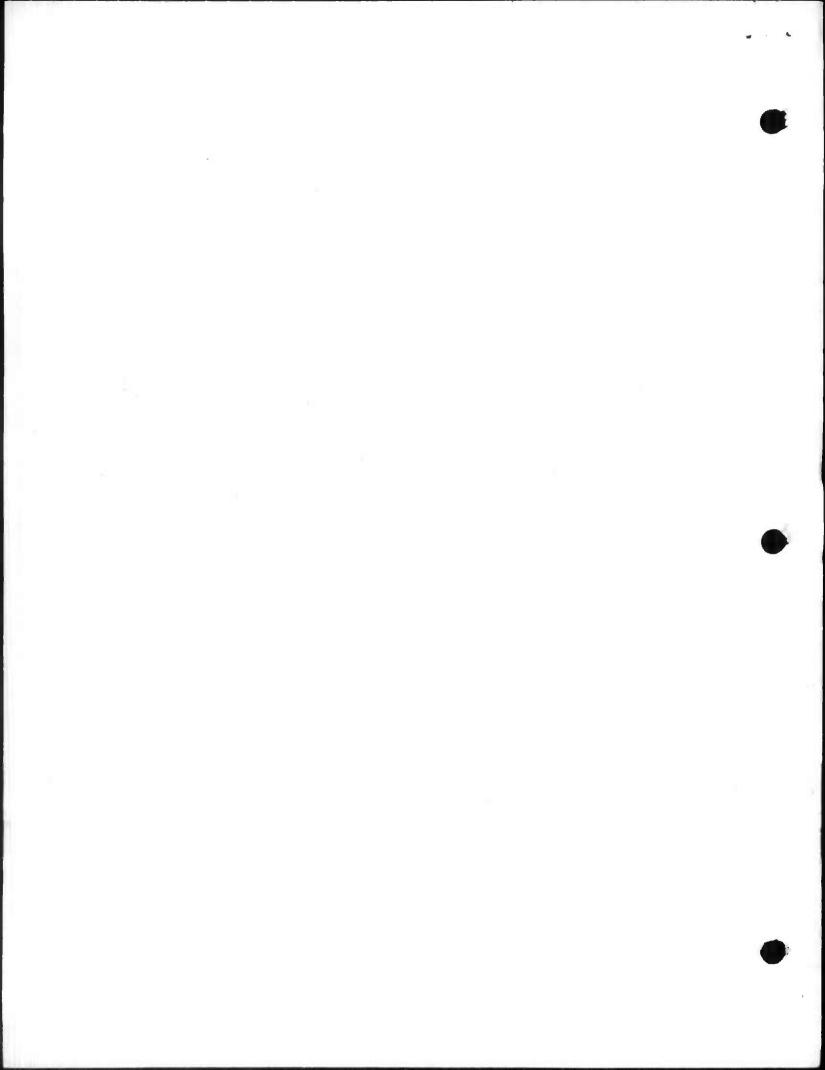
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п	Physic	an	Decedent's Neme (First, Middle, Last						2. Dete of Deeth Month	Dey	Year	3. Time of Death
	/Medi		SOL	LAVIN					SEPTEMB		1997	6;45FK
):	Exami		4a. Fecility Neme (If not institution, give	street and number)	Cari	ire		4b, Gity, Town, or Lo Kaudall		4c. County	of Death	elle
	Funeral Director		5. Social Security Number 6. Se 218–26–3267	x 7. Aga M 2□ F	(in yrs. last b	Yrs. If Und Month	ar 1 Yaer s Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day, OCT 3.		9. Birthple Countr	ca (State or Foreign
	and and		10a. Stete 10b. County		10c. City, To	wn or Location					100	d. Inside City Limits
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	th with the	al Director	10e. Street and Number 46 WESTMINSTER ROA	D		10f. 2	2113	6	10	g. Citizan of V USA	Vhat Countr	y?
020	within 72 hours affer death with the Maryland ene. Han "Leturel", or thems 23a or 28a-4 show he Medical Examiner must be morried at	by Funeral	11. Meritei Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedant Ev Armed Forces? 1 Yas 27 No If Yes, Give Yeer or Datas:			edent of Pecify Cub	Hispanic Origin? (Spe an, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - America k, Whita, at WH	
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of V	0 0	To	examiner? 1 ☐ Yes 2 ☑ No	lospitel:	2 ER/0	utpetient 3 1	DOA Ott	her: 4 Nursing Hor	me 5 Residar	nce 6 Othe	er (Specify)	
Division o	Affe Fine		27. Menner of Death  1 Neturat 2 Accident  5 Pending Investigation	28e. Dete of Injury (Month, Day	Year) 28b.	Time of Injury M	28c. Inju Wo 1 🗆	ryat rk? ]Yes 2 □ No	28d. Describe how	w injury occurr	ed	
Divis	Troughlai of Austra 24 hours after deat Funeral Director: etely filled in by the	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injur- building, etc.	y - At homa, i (Specify)	arm, street, fecto	ory, office		28f. Location (Str. City or Town,	eet and Numb Stete)	er or Rural i	Route Number,
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	6		30. Neme and address of person who co	empleted cause of dea	ath (Item 23a)	(Type, Print)	571		200 18	-0 (		16,1996
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DIVISION OF VITAL RECORDS,

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATN
	Abner	LI				5ep	16 19	YEAR 196	7:40 PM
		SEX B. AGE (In	yrs. lest birthday)   IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	тн	8. BIRTHP	LACE (State or Foreign
	200010707		36 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, 12-29-	1909	Country)	
~	9e. FACILITY NAME (If not inetitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH							ATN	
DIRECTOR	CHARLESTOWN CARE CENTER CATONSVILLE BALTIMOR								ORE
EC	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				IOd. INSIDE CITY
DIE	MARYLAND BALT		CATONS	VILLE			1	LIMITS?	
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ		AT COUNTRY?
FUNERAL	502 CHAPEL COURT				21228		υ.	S.A.	
F	11. MARITAL STATUS 12 1 Never Merried XX Merried	P. WAS DECEDENT EVER IN U	S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Spe	city Yes or No-	14. RACE -	- American Indien, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specif		,	Specify	
	15. DECEDENT'S EDUCAT	ION T	6a. DECEDENT'S USI	JAL OCCUPATION	ON .	16h KIND	OF BUSINESS/INDI	ICTOV	
ET	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 8+)	(Give kind of work life. Do NOT use re	done during mo	st of working	Too. King	or bosiness/mor	yaini	
4PL		N/A	SALES			RE	AL ESTAT	E	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle,	Melden Sumame)		
BE	JOSHUA S.	7.7.1	NTHICUM		BERTHA			DGES	
2	19a. INFORMANT'S NAME (Type/Print)	(111 DD.)					or Town, State, Zip		
	EMMA C. LINTHICUM	(WIFE)				-	MARYLAND		228
	20a. METHOD OF DISPOSITION  1 Duriel 2 Department 3 Removal	from State   cemete	LACE AND DATE OF D ary, cremetory or other	place)			ec. LOCATION — C		,
	4 Donetion 6 Other (Specify)	I CHI	ESAPEAKE	CREMAT	ORY, INC	.9/18/9	6BELTSVI	LLE,	MD.
	• 1	1					LETON FU		
$\dashv$	22 DADT I Entry the disease or one	1							E,MD.21061
- 1	23. PART I. Enter the diseases, or com shock, or hear failure. List	only one cause on sec	h iine.	enter the mo	de of dying, euc	h ee cerdiec o	reepiratory erre	101,	Approximate interval Between
	IMMEDIATE CAUSE (Final) disease or condition								
	resulting in death) a	DUE TO (OR AS A C	ONSEQUENCE OF:						
z		MULT	+1-InA	met	Der	nent	Va		i l
일	Sequentielly list conditions, if any, leading to immediate	If any, leading to immediate							
2	CAUSE (Disease or injury								
	thet initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
CERTIFICATION	d								-
	PART ii. Other eignificent conditions c	ontributing to death but	not resulting in ti	he underhine	Continue Charles Inc.		VAS AN AUTOPSY	24b. V	-
4		The second second second	Deoresion Performed MAIL						ERE AUTOPSY FINDINGS
DICAL	Depresion			anderlying	couse given in	Р	ERFORMED)		MAILABLE PRIOR TO OMPLETION OF CAUSE
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State of Maryland / Department of Health and Mental Hygiene 27947 Certificate of Death

Physician
Physician
/Medical
Examiner

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examinar must be not the at an other traumatic event, the Medical Examinar must be not the at

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

To the Mospital or Attending Physician: The lew requires that the death certificate be associted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the inneal director, page 2 should be detended for use as the burnal-transit

Division of Vital Records, P.O. Box 68760,

in al	Decedent's Name (First, Middle, Lest,	Peggy Sue	. Micha	lski		2. Date of De Month Sept.	16, 19	Yeer 96	3. Time of Death
er	212 30 1114		rs. lest birthday) Yrs.	If Under 1 Yea Months Dey	Dunda r If Under 24 Hr	s. 8. Date of Bit (Month, De	th.	Balti 9. Birth North	
ctor	Usuel Residence of Decedent  10a. State 10b. County  Maryland Balt	imore 100.	Duno	lalk			10d. inside City Limits 1 ☐ Yes ZÓNo		
ai Dire	10e. Street end Number 1202 Ridgeshire R	10f. Zip Code	2122	22		n. Citizen of What Country?  Inited States			
by Funer	11. Marital Status  1 □ Never Married 2CXMarried  3 □ Widowed 4 □ Divorcad	12. Was Decedent Ever in Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		Was Decedent of if Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispanic Origin? (ban, Mexican, Pue	(Specify Yes or No erto Rican, etc.)	Speci	ack, White	ican Indian, , etc.
Be Completed by Funeral Director	15. Decedent's Edu (Specify only highest grede Elementary/Secondary (0-12) 9 YEALS	cation e co <i>mpleted)</i> College (1-4or 5+)	(Give	dent's Usual Occ kind of work don DO NOT use retii	e during most of w red)	rorking	16b. Kind of I		ndustry Wheels
To Be (	17. Father's Name (First, Middle, Last) William Hash					eme (First, Middle Lah Maye	, Meiden Sume	me)	
	19a. Informant's Name/Relationship (Ty,  Mt., Thomas V. Mich  20a. Method of Disposition  (XXBurial 2 □ Cremation 3 □ R  4 □ Donation 5 □ Other (Specify)	alski/Husban 20b Removal from State	d 1202 Place of Dispo	Ridges sition (Name of metory or other p	eca)	d Dundak Date	20c. Location	yland -City or T	21222
	21. Signeture of Juny al Service License  23a. Pert1. Enter the disease, or complishock, or heart failure. List only or	- Fell	22 U	Name and Add Ouda-Ruc 1922 Wis	k Funeral e Ave. 1	2 Home of Dundalk.	Dundal Marylar	ek, I	nc. 1222 Approximate
	Immediate Cause (Final disease or condition resulting in death)	Acute my			1 9			ı	interval Between Onset end Death
Examiner	Sequentially list conditions, if any, leading to immediate	Due to	(or es e conseq	uence of);					
an/Medical E	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	Due to	(or es e conseq	uence of):					
Physici	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.  23b. Did tobacco use cont  1 Yes 2 No								to the cause of death?
completed by							an autopsy ormed?	CC ev	Vere autopsy findings vailable prior to ompletion of cause if deeth?
De Col	25. Was case referred to medical axeminer?					ath (Check only		1	☐ Yes 2☐ No
2	Yes 2□ No H	lospital: 1 Inpatient 2	☐ ER/Outpatien	t 3□ DOA O	ther: 4 Nursing	Home 5 Resi	denca 6 🗆 Ot	her (Speci	( <b>h</b> )
cations	27. Manner of Death  1 Naturei 2 Accident  2 Civid ext by	28a. Date of injury (Month, Day Yeer)	28b. Time of Injury	W	ury at ork? Yes 2 No	28d. Describe	how injury occu	rred	
Certifi	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury - At building, etc. (Spec	cify)			City or To	wn, Stete)		al Route Number,
edical	29a. Certifier (Check only one) Certifying Phys 2 Medical Examin	ician: To the best of my kr ler: On the basis of exemir and manner stated.	nowledge, death netion and/or inv	occurred et the restigation, in my	ime, date and plac opinion, death occ	ca, and due to the curred at the time,	cause(s) and m date and placa	anner as e , end due t	steted. to the cause(s)
M	29b. Signature and title of cartifier  T. Crossen  Out	onevan, M	.b.	29c. Licer	rse number		29d. Dete sign	ed (Month,	Doy, Year) 1996

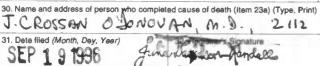
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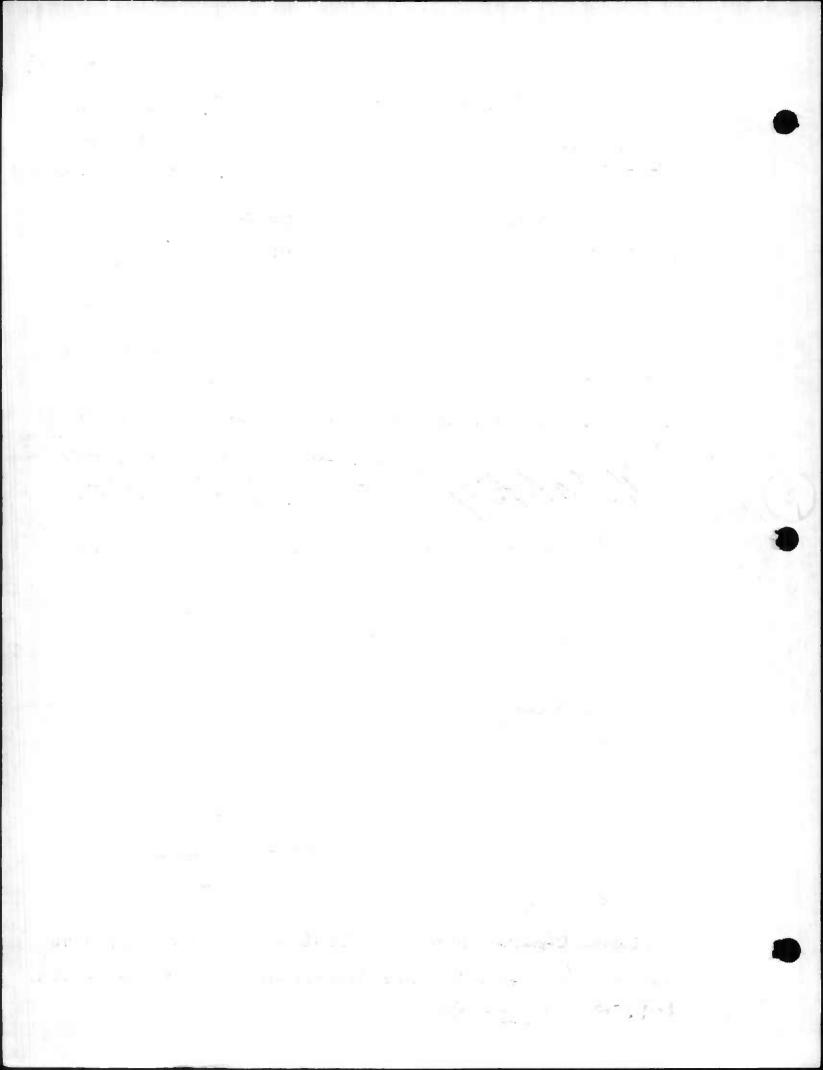
21222

DUNDALK AVE.

State Registrar

31. Dete filed (Month, Dey, Yeer) SEP 1 9 1996





BALT/MORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

6

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nounce after the traffin Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

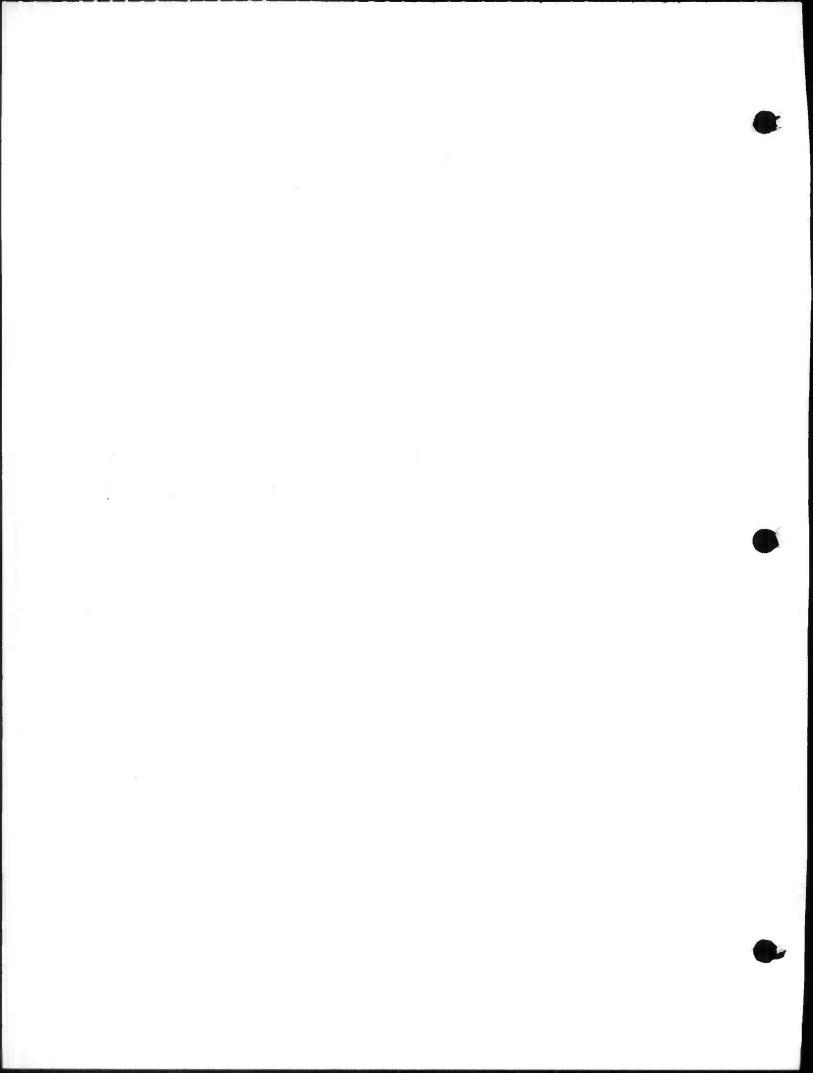
		STATE OF MARYLAN				MENTAL HYGIEN		27948
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OI	DEATH	REG. NO.		3. TIME OF DEATH
	ROBERT	MURPHY	/			Sep 17	199	6 2:50A M
		SEX 6. AGE (In )	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  (Month, Day Year)  Feb. 26,	0000	SIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street		1113.	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	Vashington, DC
OR	North Arundel Co	nv. & Reha	ab.	Glen	Burnie		Anne	Arundel
North Arundel Conv. & Rehab. Glen Burnie  RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Odenton								10d, INSIDE CITY LIMITS?
							1 YES 2 140	
FUNERAL	525 Saltoon Driv	re		1	21117		10g. CITIZEN	OF WHAT COUNTRY?
FUN		2. WAS DECEDENT EVER IN U				NIC ORIGIN? (Specify Yee an, Puerto Rican, stc.)	or No- 14. I	RACE American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	S WWII		S 2 NO Specif			Specify: White
TED	15. DECEDENT'S EDUCATI (Specify only highest grade com		(Give kind of v	USUAL OCCUPAT	ION lost of working	16b. KIND OF BUS	INESS/INDUST	RY
PLE	Elementary/Secondary (0-12) C	College (1-4 or 5+)	ruck	Driver		Transpo	ortati	lon
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Unknow	n n			18. MOTHER'S NA	ME (First, Middle, Maiden : Murphy	Surneme)	
TO B	19m. INFORMANT'S NAME (Type/Print) Viola Mae Murphy		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number, City or Town	n, Stete, Zip Codi	21117
	200. METHOD OF DISPOSITION							
	20e. METHOD OF DISPOSITION  1 State 2 Cremetory as Personal State of Disposition (Name of a Company Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremetory Cremet							
	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, M							
	23. PART i. Entar the diseases, or com	iplications that caused the	ha death, Do r	not entar tha m	ode of dying, auc	h sa cardiac or respi	ratory srrest,	Approximate
	immediate Cause (Final disease or condition resulting in death)  Due to (OR AS A CONSEQUENCE OR)							Interval Between Onset and Death 2month
_		DUE TO (OR AS A CO	ONSEQUENCE OF	tas	4			7 days
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	F):				
CERT	reaulting in death) LAST							
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PROINGS PERFORMED?  AMAILBLE PRIOR TO COMPLETION OF CAUSE							
MEDICAL	Cerorovas	sculer i	HCCLE	den	Z	1 YE\$ 2	DHO	OF DEATH?
Z Z	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YE	S NO I	UNCERTAI	NO		1 WES 2 10-110
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			TH (Check only one				
PHYSICIAN:	1 YES 2 THO 1	☐ Inpatient 2 ☐ ER/Outpatie  26e. DATE OF INJURY	ont 3 DOA 26b. TIM	4 # Nursing Ho	me 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW II	HIRV OCCURE	in.
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY W	YES 2 NO	and organise now in	JOHN GOODILE	
8	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s	streel, factory, off	ca	261. LOCATION (Street e City or Town, State)	nd Number or Ru	ural Route Number,
COMPLET	29a. CERTIFIER (Check only one)							
E CO	2 MEDICAL EXAMINER: 0	We are near or exemination e	nuror investigatio	m, in my opinion,	death occured at the			
TO BE	30 NAME AND ADDRESS OF PERSON WHO CO	D44973 Sep 18 1996						

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

2106 325 HOS ive 202, Glen Burnie WHNEY GURMEET 31. DATE FILED (Month, Day, Year)

32, REGISTRAR'S SIGNATURE Davidson

DHMH-16 Rev 1/89



				State of Maryland	d / Department of Certificate			iene 96	21949							
	Physic /Medi	cal	Decedent's Name (First, Middle, Last)     Aa. Fecility Name (II not institution, give	ISIDORE	MARGO		2. Date of Deeth Month SEFFEM or Location of Death	Day Year	6 4, A							
7	Exami	ner	NORTHWEST HOSPITA				ALLSTOWN	BALTII								
	Funeral Director		5. Social Security Number 8. Sec. 233–54–0758	7. Age (In yrs. le 91	Months D		rs. 8. Date of Birth	Year) 9. B	irthplace (State or Foreig Country)							
	ser death with the Maryland thems 23a or 28a-f show ner must be notified at	tor	Usual Residence of Decedent  10e State MARYLAND BALTIMO	DRE 10c. City	, Town or Location BAI	TIMORE			10d. Inside City Limits							
		al Direc	10e. Street and Number 22 WARREN PARK DR3	IVE, APT. B-1	10f. Zip Co	21208	10	0g. Citizen of What C	Country?							
nore, Maryland 21215-0020	ours after death	Completed by Funeral Director			11. Maritel Stetus  1 XNever Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S Argued Forces? 1 ∰Yes 2 □ No If Yes, Give Yeer or Detes: WWII	13. Was Deceden If Yes, specify	t of Hispenic Origin? Cuban, Mexican, Pu No Specify:	(Specify Yes or No- erto Rican, etc.)		nerican Indien, nite, etc. WHITE					
	d within 72 ho plane. The Medical		15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4or 5+)		18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)  MANAGER		16b. Kind of Busines	b. Kind of Business/Industry								
	ld be filed ental Hyg ked other ic event, i	To Be C	17. Father's Name (First, Middle, Last) SAMUEL		MARGOLIS		eme (First, Middle, N ESTHER	feiden Sumame)	LEVITHAM							
	and hand has me		19a. Informant's Name/Reletionship (Ty		19b. Mailing Address (S											
	ages 1 and not of Health t: If Item 27 y or other t		MR. JOEL MARGOLIS  20a. Method of Disposition  1X Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	20b. Ple	ace of Disposition (Name metery, cremetory or othe	or r plece)	Date 2	20c. Location - City o								
B	mportar any inju		21. Signature of Funerel Service License	Levens	REATER BALTI 22. Neme and A SOL 8900 Rei	ddress of Fecility LEVINSON	& BROS.,	INC								
	Physician /Medical Examiner		23a. Part1. Enter the disease, or complishock, or heart feilure. List only or  Immediate Cause (Final disease or condition resulting in death)		CARDIAL as s consequence of):	f dying, such as card	ac or respiretory arre	est,	Approximete there is the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the serie							
Box 68760,	death certificate be executed e attending physician and of for use as the burial-transit	be detached for use at by Physician/Me	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last	CANCER	es e consequence of):  OFTHEP  as a consequence of):	ROSTATE	WITH MET	ASTAS S								
P.O.	t the c by the lachec		be detached	be detached by Physics	2 should be detached	be detached by Physics	hys	hys	hys	Part II. Other eignificant conditions con	tributing to death but not resul	iting in the underlying caus	se given in Part I.	1		rte to the cause of death Probably 4 Unknow
Records,	aw requires is been sign 2 should be										24a. Wes sr perform		b. Were autopsy findings evsilsble prior to completion of cause of death?			
al B	The ate h						1 □ Ye	s 2 No	1 Yes 2 No							
Vital	Physician: The this certificate ral director, pag	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	ospital: 1 1 npatient 2 E	ER/Outpatient 3□ DOA	Other:	eath (Check only one Home 5 - Reside		necifu)							
Division of	After this		1. 1	Certification: T	27. Manner of Death  Naturel 5 Pending Investigation 3 Suicide 6 Could not be			Injury st Work? 1 Yes 2 No	28d. Describe ho		outy					
Divi	크를들트	Certifi	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At hor building, etc. (Specify)	ne, farm, street, factory, o	ffice	28f. Location (Str City or Town		Rural Route Number,							
	To the Hospital within 24 hours of To the Funerel Completely filled	edical	29e. Certifier (Check only one) IN Certifying Phys	ician: To the best of my knowner: On the basis of examination and manner stated.	rledge, death occurred at to on and/or investigation, in	he time, dete end pla my opinion, death oc	ce, end due to the ca curred at the time, da	use(s) and manner attended and place, end di	as stated. ue to the cause(s)							
	vithin To th	Me	29b. Signeture end title of certifier	1/10	1 -	cense number	,	9d. Date signed (Mor								
	7		oky	nowwy		27157	50	- TEMBER,	16,1996							
	17,	ı	30. Name and address of person who do	mpleted cause of death (Item	23e) (Type, Print)			,	,							

State Registrar

30. Name and address of person of RAYNOLD

31. Date filed (Month, Dey, Year)

SEP 1 9 1996

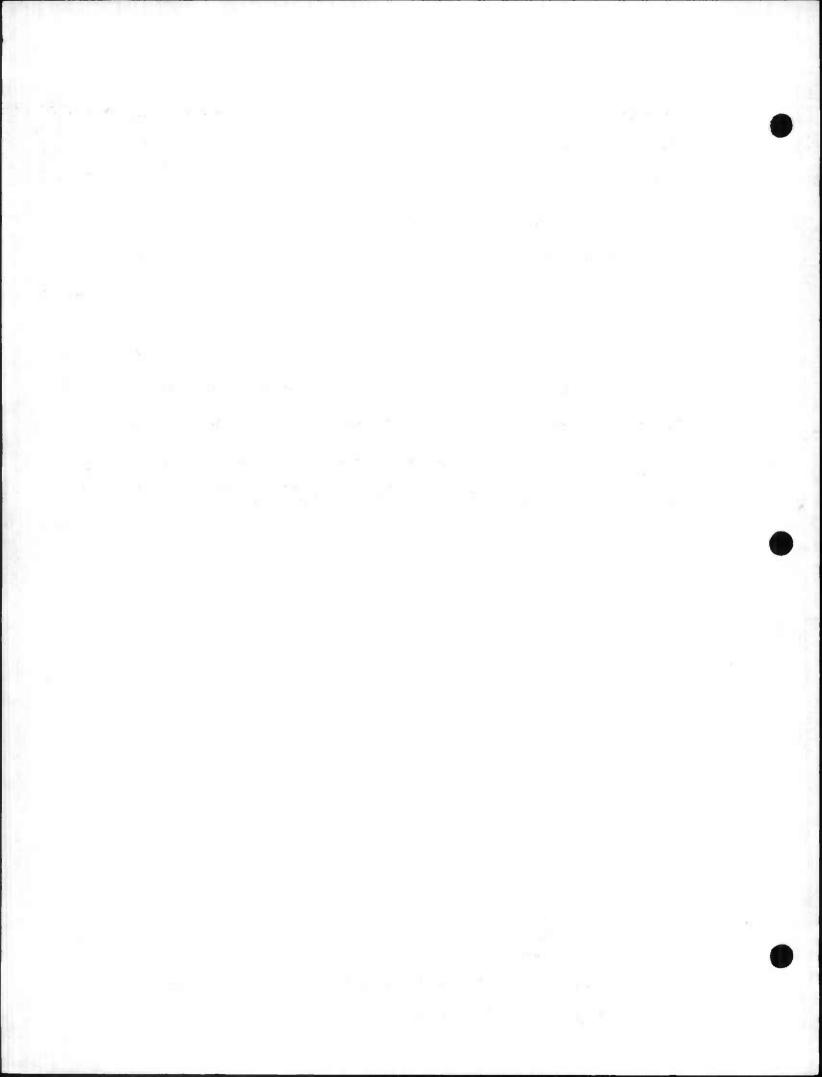
NORTHWEST HOSPITAL CENTER

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State of Maryland / Department of Health and Mental Hygiene 96

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hysician /Medical Examiner	Decedant's Name (First, Middla,     Raymond     4a. Facility Name (If not Institution,	D		Mor	o of Death	3. Tima of Death
/Medical Examiner	Raymond	Payton			itii Dey	
		giva street and number)		4b. City, Town, or Location o	eptember 15	, 1996 8:05 AI
ector	VA MHCS FORT HO	WARD DIVISION	. last birthday) If Under 1 Year Months Deys	Edgmere if Under 24 Hrs. 8 Date Hours Min. (Mor		altimore  9. Birthplace (State or Foreign Country)  MD
	Usual Rasidanca of Decedent	10-0	h. T			
r 28a-f show Inotified at irector	10a. Stata 10b. County  MD	n/a	Hy, Town or Location  Baltimore			10d. Insida City Limits 120 Yes 2 □ No
23a or 28 unt be not al Direc	10e. Street and Number		10f. Zip Code	1010	10g. Citizen of V	S. Mariana
Funer m	2124 Aiken : 11. Marital Status X型Nevar Married 2□ Married	12. Was Decedent Evar in I Armed Forcas?	J.S. 13. Was Decedant of If Yas, specify Cub	1218 Hispanic Origin? (Specify Yasoan, Mexican, Puarto Rican, a	i or No- tc.) 14. Rac Biad Specifi	e - Amarican Indian, ck, White, etc.
ed by	3 ☐ Widowed 4 ☐ Divorcad  15. Decedant's	Education	16a Decedent's Usuai Occu	nation		usiness/industry
Completed	(Specify only highest Elamantary/Secondary (0-12)	coilega (1-4or 5+)		during most of working ed)		
Co	11th 17. Fether's Nema (First, Middie, La	st)	Laborer	18. Mothar's Nama (First, I		ruction
To Be	Raymond Payton			Dorothy		,
5	19a. Informant'a Name/Raletionship	(Type, Print)	19b. Mailing Addrass (Stree	t and Number or Rural Routa	Number, City or Town,	Stata, Zip Code)
ner fre	Dorothy Kinla			oourne Rd.	Balto., M	ID 21239
any injury or other traumatic event, the Medical Exa	20a. Mathod of Disposition  12. Suriel 2 Cramation 3  4 Donation 5 Other (Spe	□Ramoval from Stata	Piace of Disposition (Nama of comatary, crematory or other pla arrison Fore:	st 9/23		Mills, MD
8008	21. Signature of Funeral Service Lic	Mater	James A. 1701 Lau	Morton & Serens St. Ba	ons Funer	al Home 21217
Medical Examiner	23a. Part1. Enter the disease, or or shock, or heart failure. List on immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events.	a. Toue to (	Perminal AIDS or as a consequence of):  /V Drug Depende or as a consequence of):			trüerval Setween Onset and Death
d by Physician/Medical	Part II. Other significant conditions Oral Candidias	570	sulting in the underlying cause gi		Did tobecco use cor     1 ☐ Yes 2 ☐ No     Was an autopsy	ntribute to the cause of death? 3 Probably 4 Unknown 24b. Were autopsy findings
Completed				240	performed?	available prior to completion of cause of death?
					1 ☐ Yes 200 No	1□Yes 2□No
Be C	25. Was case referred to medical examiner?	Hospital:	O	26. Place of Death (Check		
ation: To	1 Yes 36No  27. Manner of Death 10 Natural 5 Pending 2 Accident Investigat	28a. Date of Injury (Month, Day Year)	28b. Time of linjury Wo	4LI Nursing Home 5L	J Residence 6 LIOth loribe how injury occurr	- No. Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the
ed in by the funer Certification:	3 Suicide 6 Could not 4 Homicide determine	be 28e. Place of Injury - At h building, etc. (Speci	ome, farm, street, factory, office fy)	28f. Loca City	stion (Street and Numb or Town, State)	er or Rural Route Number,
Setsly filled edical Ce	29a, Certifier 1 Certifying (Check only one)	Physician: To the best of my knominer: On the basis of examination and manner stated.	owledge, death occurred at the ti	me, date and place, and due opinion, death occurred at the	to the cause(s) and me time, date and place,	nner as stated. and due to the cause(s)
N N	29b. Signature and title of certifier	4	29c. Licens	se number	29d. Date signer	d (Month, Day, Year)
)	• 6	ADS	D 30	528	Sept-	15th 1996.
/	30. Name and address of person when Bala Duggirala		n 23a) (Type, Print) h Point Road Fo	, XX 1 2 m	01050	

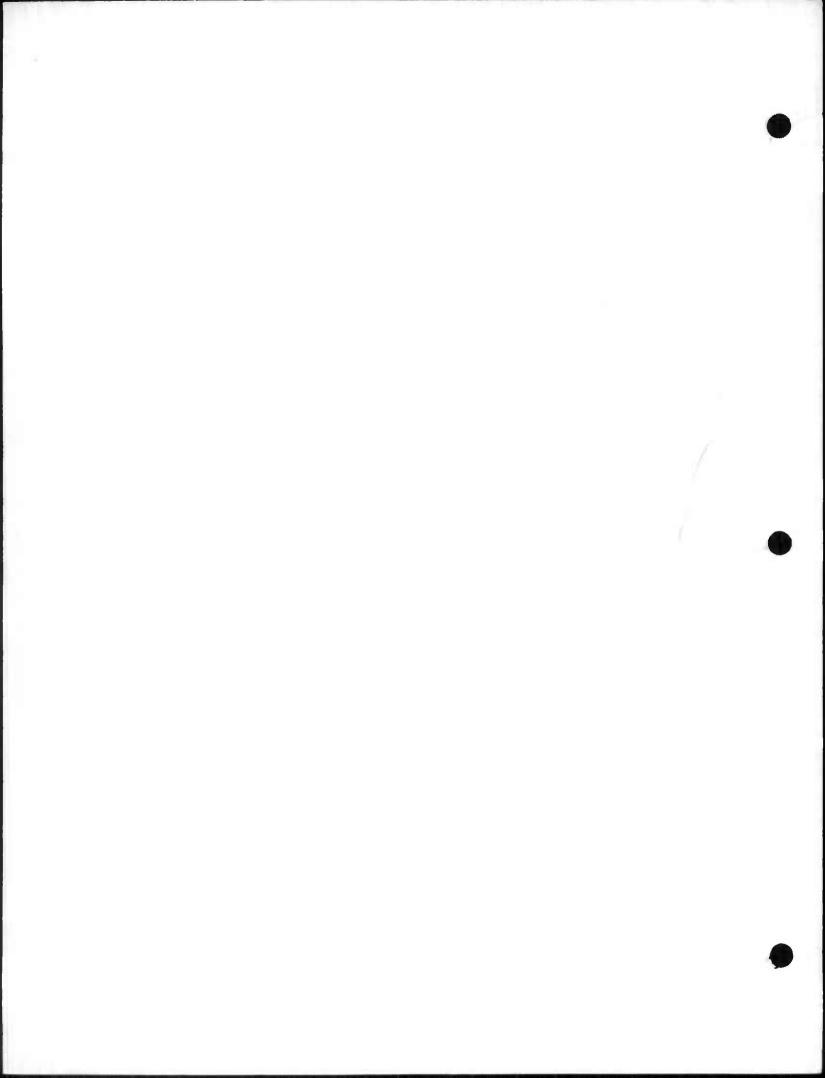


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are controlled may be retained by the hospital or attention to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a felled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or enhous.  IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	i	afte	SSI		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are common from the may be retained by the hospin. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page 5 should be detached be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	i	talo	ų		
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31. DATE FILED (Month, Day, Year)
SEP 1 9 1996

32. REGISTRAR'S SIGNATURE

	FOR STATE	OF MARYLAND /	DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN	IE.	
	1. DECEDENT'S NAME (First, Middle, Lest)	CE	ERTIFIC	CATE OF	DEATH	REG. NO  2. DATE OF DEATH MONTH		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER S. SEX 219-30-2955 1 M 2X		YRS.	IF UNDER 1 YEAR SONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAYE OF BIRTH (Month, Day, Year) AUG. 2, 1	10	BIRTHPLACE (State or Foreign Country) POLAND
DIRECTOR	9a. FACILITY NAME (If not institution, give atreet and numb CHERRYWOOD NURSING H RESIDENCE OF DECEDENT	4.75			RSTOWN,		9c. COUNTY BAL	OF DEATH TIMORE
	10e. STATE 10b. COUNTY N/A		10c. CITY,	TOWN OR LOCAT	BALTI	MORE		10d. INSIDE CITY LIMITS?  12 YES 2 NO
FUNERAL	3807 CLARKS LANE A	PT. B	MED			.215 HIC ORIGIN? (Specify Yes		USa
Β¥	1 Never Married 2 Married FORCES	1 YES 2 N	if yes, spe	ecify Cuben, Mexica 2 NO Specify	n, Puerto Rican, atc.)	or No.— 14.	BACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12TH  College (1-4)	or 5+)	CEDENT'S US to kind of wo Do NOT use OUSEW		DN st of working	166. KIND OF BUS		TRY
BE COM	17. FATHER'S NAME (First, Middle, Last) MORDECHAI	GOLDE			18. MOTHER'S NA SARA	ME (First, Middle, Malden	Surname)	NKNOWN
TO B	19a. INFORMANT'S NAME (Type/Print) DAVID RUBIN — SON					Poute Number, City or Tow		^{do)} 21117
6	20a. METHOD OF DISPOSITION 11/2 Burlal 2 Cremation 3 Ramoval from Sta 4 Donation 5 Other (Specify)	20b. PLACE A	NDDATEOF	DISPOSITION (Na or place) O ARLIN	me of		CATION — City	or Town, Stata MORE, MD
	21. SIGNATURE OF FUNEBAL SERVICE CONSERVED	-		8900 F	Reisterst	SOL LET	Pikesv:	& BROS., INC ille, MD 21208
	23. PART I. Enter the diseases, or compleation ahook, or heart fellure. List only on IMMEDIATE CAUSE (Final disease or condition resulting in death)	that ceused the detection cause on each line.		t enter the mod	de of dying, suci	h aa cardisc or reapi	ratory arreat	Approximate interval Batween Opset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	E TO (OR AS A CONSEQ						
PHYSICIAN: MEDICAL C	PART M. Other algnificant conditions contribution  Diehete // 1	g to deeth but not re	eaulting in	the underlying	ceuse given in	Pert I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAR	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 700 HOSPITA	2 ER/Outpatient 3		THER:	ACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH 28a. DAT	E OF INJURY nth, Day, Year)	28b. TIME (	OF 28c, INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED
	4 Homicide datermined	CE OF INJURY — At hon fling, atc. (Specify)	ne, farm, stre	eet, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the business one) 2 MEDICAL EXAMINER: On the best							use(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	SOY	P S	S S L
	JAMES DYNGT				Trn o	an p-6	BA	CIRO 7



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of M

aryland /	Department	of	Health a	ınd	Mental	Hygien

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2	6	2	1	9	J	6

28f. Location (Street and Number or Rural Route Number, City or Town, State)

whaler

29d. Date signed (Month, Day, Year)

September 14, 1996

MTC			•	Certifica	te of Death	Reg. No.	30 61336
Discontinu		1. Decedent's Name (First, Middle,	Last)			2. Date of Death	3. Time of Deeth
Physicia /Medic		D'ANGELO		RICKS		September 1	4, Year 1996 1:22
Examin		4e. Facility Name (If not institution,				Location of Death 4c. Count	y of Death
STATE OF THE PERSON			HEELER AVE	to the total of Hillands	BALTIM or 1 Year   if Under 24 Hrs	/	VH
Funeral Director		5. Social Security Number  216-94-0972  Usual Residence of Decedent	1. Sex 7. Age (in you	rs. lest birthday) If Unde Months			9. Birthplace (State or Foreign Country)
d 21215-0020 filed within 72 hours effer death with the Maryland Hydione. there than "natural", or items 23a or 28a-1 show ort, the Medical Examiner must be notified at	Director	10e. State 10b. County	A (2	City, Town or Location	re	40-07	10d. Inside City Limits 124 Yes 2 □ No
ath with	ral Dir	19 N. Whe	eler Ave	2	1222	1/5	What Country?
020 ours efter dea all, or flems	by Funeral	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces?  1  Yes 2 X0No If Yes, Give Yeer or Dates:	U,S. 13. Was Dece If Yes, spe	dent of Hispanic Origin? (soity Cuben, Mexicen, Puel 2007) Specify:	Specify Yes or No- rto Ricen, etc.)  Y4. Ra Bla  Specif	ce - Americen Indian, ck, White, etc.
21215-0020 d within 72 hours of giene. sr than "natural", or the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medical Exercition of the medic	Completed	15. Decedent's (Specify only highest)	grade completed)	16a. Decedent's Usu (Give kind of wo life. DO NOT u	al Occupation ork done during most of wo use retired)	orking	dusiness/industry
and 212 be filed withintal Hygiene. d other than event, the M	Com	Elementary/Secondary (0-12)	College (1-4or 5+)	Lab	orer	CON	struction
E date	To Be	17. Father's Name (First, Middle, La	Ricks		A Nother's Na	ime (First, Middle, Maiden Sumar AN BAII	nθ)
Marylc d 2 should th and Mer 7 is marks traumatic		19e. Informent's Name/Reletionship	(Type, Print)	19b. Mailing Address	s (Street end Number or F	Tural Rouse Number, City or Town	, State, Zip Code)
	-	20a. Method of Disposition	Grandmothe	Place of Disposition (Ne	uneeler me of	Date 20c. Location	). MD 2007 City or Town, State
0 80 = 5		1 Buriel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spe		Cometery, crematory or o	other place)	9-19-96 Lawson	lousue, mid.
Baltim permit. Per Department Important: any Injury office.		21. Signeture of Funeral Service Lic	ensee	22. Name at	nd Address of Facility	bert P. Wylic	FIHPA
		23e Part1. Enter the disease, or co shock, or heart failure. List on	emplications that caused the de by one cause on each line.	path. Do not enter the mod	(U) (O'I'Y)OF de of dylng, such as cerdie	ac or respiratory arrest,	Approximate Interval Between
Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting In death)	a. Mulkp	le trun	shot h	rounds	Onset and Death
MAKE	ner		Due to	(or as a consequence of):			
60, be executed ician and burial-transit	Examine	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	b. Due to	(or es a consequence of):	:		
rifficeta ng phys	Medical	Ceuse (Disease or Injury thet Initiated events resulting in death) Last	c. Due to	(or as a consequence of):			
Box eath ce attendii			d			2011	1
P.O.	Physician/	Part II. Other significant conditions	contributing to death but not re	esulting in the underlying of	cause given In Part I.	23b. Did tobacco use co	intribute to the cause of death?
T be de la	by Ph					1 ☐ Yes 21 No	3 Probably 4 Unknown
	Completed b					24a. Was an autopsy performed?	24b. Were autopsy findings aveileble prior to completion of ceuse of death?
The le	Con					1 XYes 2 □ No	<b>X</b> ₩es 2□ No
Vita clan: ector	Be	25. Was cese referred to medicel examiner?	Hospital:		Othor	ath (Check only one)	
P S S S S S S S S S S S S S S S S S S S	2	1  Yes 2 No 27. Manner of Death	1 ☐ Inpatient 2	☐ ER/Outpetient 3☐ DO		Home 5 ☐ Residence 6 XOth 28d. Describe how Injury occur	
On O ding Ph th. After thi	atlon:	1 □ Natural 5 □ Pending	(Month, Day Year)	1	28c. injury at Work? 1 ☐ Yes 2 🏋 No	SUBJECT SHO	

31. Date filed (Month, Day, Year) SEP 1 9 1996 State Registrar

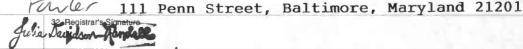
Havid

3 Sulcide

29e. Certifier (Check only one)

4 ₩ Homicide

29b. Signature end title of certifler



30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

28e. Ptace of tnjury - At home, farm, street, factory, office building, etc. (Specify)

Sweet

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and memory stated.

29c. License number

O.C.M.E.

Medical Certifica

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#### Piease Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

27953

						<i>seruncate</i>	or Death		Reg. No.		
	Physic /Medi	an	1. Decedant's Name (First, Middle, Lo	5. 1	oGers				MBER 15	Year 1996	3. Tima of Death  1:20 PN
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020 un attand	if, or item examiner	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 \( \) Yes 2 \( \) If Yas, Giva Yaar or Datas:	No 1946-	If Yas, specify  1 ☐ Yas 2 ☒	of Hispanic Origin? Cuban, Mexican, Pu No Specify:	(Specify Yes or Nicarto Rican, atc.)	Bian Specifi	e - Amaric ck, Whita, WHI	atc.
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ore, A	or other to	}	MARY JANE ROGERS  20a. Mathod of Disposition  1 Buriel 2 Cremetlon 3 C	Ramovel from Stete	20b. Place of D cemetery,	isposition (Neme of crematory or other	plece)	Data	20c. Location -	City or To	wn, State
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60, be executed	sician and burial-transit	i Examiner	Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying	b	Dua to (or as a con	nsequence of):			- 17		
OX 68760	nding physician use as the buria	n/Medicai	Cause (Disaase or injury that initiated avants rasulting in death) Last	d	Dua to (or as a cor	nsequance of):					
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P.O.	200	Phys	Pert II. Other significant conditions of	contributing to death b	ut not resulting in t	ne underlying caus	e given in Pert I.		Tobacco use co Yes 2□ No		the cause of death?
Division of Vital Records, P.O. B. or Attending Physician: The law requires that the death	been signs should be	Completed by Physicia						24a. We per	es an autopsy formed?	ave	are autopsy findings silable prior to mpletion of cause daath?
Re la la	certificate has rector, page 2	E O						10	Yas 22No	10	Yas 2 No
ita E:	rtifica ctor, p	BeC	25. Wes cesa rafarred to medicel				26. Placa of I	Death (Check only	ona)	1	
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Hospit	within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	Medical	29a. Certifiar (Check only one) 1 ☐ Certifying Pt	nysician: To the best of miner: On the basis of and mennar sta	axamination and/	leath occurred et the invastigation, in a	e tima, data and planty opinion, daath o	ace, and dua to the	a causa(s) and ma a, data and piace,	anner es st and dua to	ated. tha cause(s)
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(			30. Nama and address of person who M. SHIRAZI, M.D.	House PH	1SICIAN'	NORTH	ARUNDE	L HOSP	ITAL. F	MD 2	1061.
	Sta Registr		31. Data filed (Month, Day, Year) SEP 1 9 199	6 July Day	er's Signature	482					

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ı	Physic /M∉di		1. Decedent's Neme (First, Middle, La Barbara Edi	th Steel	N				Mor	of Deeth oth TEMBE	Dey L	Year 1996 350/AM
) ,,	Funeral Director		5. Sociel Security Number 6. S	PITAL	ge (In yrs. last b	virthdey) Yrs.	If Under 1 Yes Months Dey	Balt ir If Under	wn, or Location of	of Birth		9. Birthplace (State or Foreign
	tar death with the Meryland Items 23a or 28a-f show Inst. must be notified at	tor	10a. Stete 10b. County	BALTIMORE	10c. City, To	wn or Loca		LTIMOF		allsto	un.	10d. Inside City Limits
	r 284	Director	10e. Street end Number				10f. Zîp Code	5	110110		100	What Country?
	13a o		3925 SHENTON ROAL	)			2113	33		US	SA	
020	72 hours after death with the Meryland natural; or items 23s or 28s-f show first Examinet must be notified at	by Funeral	11. Meritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever in the Armed Forces? 1 Yes 2 No if Yes, Give Yeer or Detes:			es Decedent of Yes, specify Cu		gin? (Specify Yes , Puerto Rican, e	or No-		ce - American Indian, ck, White, etc.
7	72 h	ted	15. Decedent's Ed (Specify only highest gra	ducation	18	. Decede	nt's Usuel Occ ind of work don	upation	of working	186	. Kind of B	usiness/Industry
0200-61212	filed within Hygiene. ther than "I int, the Mex	Completed	Elementery/Secondery (0-12)	College (1-4or :	5+)	life. Do	NOT use retil	red)	O HOINING		AUTO	REPAIR
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	alth e 27 is		19e. fnforment's Neme/Reletionship ( MR. HERBERT STER				Address (Stre SHENTO)		r or Rural Route RANDALL			Stete, Zip Code) 21133
Baltimore	Peges 1 ament of He ant: If Rem ury or oth		20e. Method of Disposition  1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific		20b. Piece cemet	of Disposi ery, ERT	tion (Neme of	"HEBREV	v - 9-17			City or Town, Steta STERSTOWN, MD
Balt	permit. Peg Department Important: I any Injury c		21. Signature of Funerat Service Ricer	NIDON			Name end Add	LEVINS	SON & BR	OS.,	INC	, MD 21208
•	Physician /Medical Examiner		23. Part. Enter the disease, or com shock, or heart feiture. List only fmmedlete Cause (Final disease or condition resulting in deeth)			not enter	the mode of d	ylng, such es	cardiac or respire	atory errest,		Approximete filerval Between Onset and Death
	i be executed sician and burial-transit	Examiner	Sequentially list conditions,	b. End	Ometro Due to (or es e	conseque	ence of):	rcino	ma			
,/60,	be execut sician and burial-trar	cal E	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	C								
BOX P8/	death certificata b e ettending physic ed for use es the b	8	resulting in deeth) Last	d	Due to (or es e	conseque	ence of):					
5	that the ced by the detacher	by Physician/M	Part ff. Other eignificant conditions of	ontributing to death b	ut not resulting	în the und	lerlying cause (	given in Pert I.	23	b. Did tober	2 No	ntribute to the cause of death
necords,	The law requires tate has been signaped 2 should be	Completed b							248	. Wes en er performed		24b. Were autopsy findings available prior to completion of cause of death?
VII	iclan: The certificate rector, pag	BeC	25. Wes case referred to medical					26 Place	of Death (Check		-\/	10.00 20.00
5		2	examiner? 1  Yes 2 No 27. Menner of Death	Hospitel: 1 inpatie	ry 28b.	Time of	3□ DOA C	other: 4 Nu	rsing Home 5			
DIVISION	al or Attending Physical States death. It Director: After this sed in by the funeral d	Certification:	1 Neturel 5 Pending investigation 3 Sulcide 8 Could not be determined	28e. Piece of fnj	ury - At home,	Injury ferm, stree	M 1[	☐Yes 2☐I	28f. Loc	ation (Stree	t end Numt	per or Rural Route Number,
5	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29e. Certifying Ph	building, et	of my knowledg	e, death c	occurred et the	time, dete en	d piece, and dua	to the cause	e(s) and me	enner as stated.
	the Hos hin 24 h the Fur npletely	edical	(Check only 2 Medical Examone)	niner: On the basis of and menner ste	examinetion e	nd/or inve	stigetion, in my	opinion, deel	h occurred et the	time, dete	end plece,	and due to the cause(s)
	To the To the comple	Σ	29b. Signeture and title of certifier	Dolin	00 KIL		29c. Lice	nse number	14023218	5 29d.		d (Month, Dey, Year)

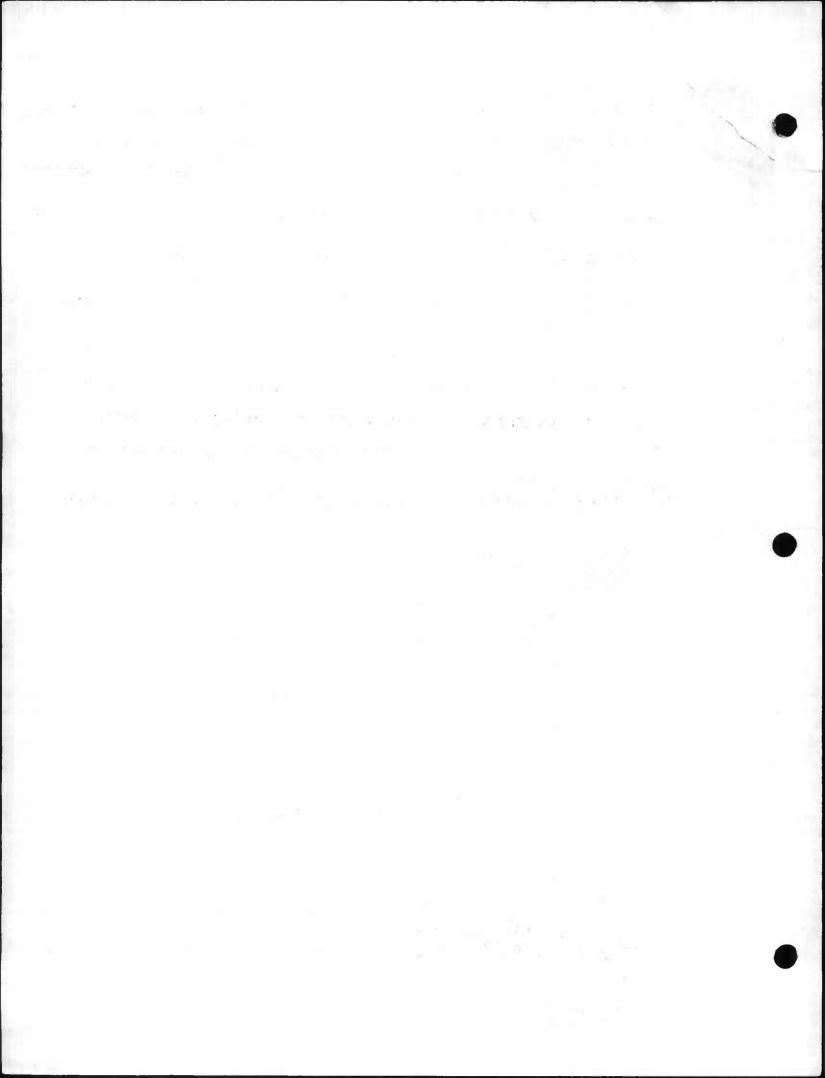
State Registrar

31. Dete filed (Month, Dey, Year)

SINAI HOSPITAL 2401 W. BELVEDERE AVE. BALTIMORE, MD 21215

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death			Reg. No.		
	-	. =	1. Decedent's Name (First, Middle,	Last)							2. Date of De	ath		3. Time of Death
	Physic /Medi		NAOMI CORNE	ELIA S	SOUTHAR	D					Month SEPT.	15, 19	Year 996	8:45 AM
ě.	Exami		4e. Fecility Name (If not institution, g	give street end numb	per)				4b. City, To	wn, or L	ocation of Deet		- '	0.45 111
			HARFORD GARDENS	NURSING	CENTER	2			BA	LTIN	10RE	1	I/A	
Н	Funeral	Г	5. Sociel Security Number 6	. Sex 37.	Age (In yrs. I	ast birthday)	If Under		If Under		8. Date of Bir	th		lece (Stete or Foreign
	Director		215-03-5140A	1□ M 2□ ¥F	80	Yrs.	Months	Deys	Hours	Min.	AUG. 2	9, Year) 916	MA	RYLAND
	D.		Usual Residence of Decedent											
	ahow		10a. State 10b. County		10c. City	, Town or Lo	ocation						1	Od. Inside City Limits
	Ne Me	cto	MARYLAND N/A	A		BALTI	MORE							YE Yes 2□No
	er 50	Director	10e. Street and Number				10f, Zip	Code				10g. Citizen of	What Cour	try?
	72 hours after death with the Maryland *natural", or flems 23a or 28a-f ahow pidical Evantinet must be notified at		5206 GREENWICH	AVENUE				21	229			U.	S.A.	
	ep	Funeral	11. Marital Stetus	12. Wes Decede Armed Force	ent Ever In U.S	S. 13.	Was Deced	ent of H	ispanic Ori	gln? (Sp	ecify Yes or No Rican, etc.)	14. Rac	e - Americ	
20	or h		1 Never Merried 2 Married				1□ Yes 2		Specify:	, , , ,	riioari, oto.,			etc.
5-0020	ral.	d by	3 XWidowed 4 □ Divorced	Year or Date	es:				Operary.			Specif	W.	HITE
ν Δ		Completed	15. Decedent's (Specify only highest of	Education grade completed)		16a. Dece (Give	dent's Usua kind of wor DO NOT us	l Occup	etion during mos	t of work	Ing	16b. Kind of B		
2121	E 2 2 2	d E	Elementary/Secondary (0-12)	College (1-4	or 5+)	life.							TELEP	
7	be filed within ital Hygiene. d other than event, the Me	ပိ	12 17. Fether's Name (First, Middle, La:	-41			SUPE	RVIS						SERVICE
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2	should by	To	HAROLD HATTON			1				RNEL				
Ma	2 9 9 9		19e. Informent's Name/Relationship									er, City or Town,		
e,	of Haalth Itam 27		DORIS MUNROE / 20a. Method of Disposition	SISTER	20h Pi					T .				ND 21229
و	Pages nent of int: If Its iry or o		1 X Burlal 2 ☐ Cremetion 3		ate C6	ece of Dispo metery, crea	netory or of	her plea	e)	SEI	T. 18,	20c. Location -	City or To	wn, State
	luny dury		4 Donetion 5 Other (Spec	**	MEA	DOWRI					1996	BALTIN	iore,	MARYLAND
P	Jemit. Pages Department of Important: If it any injury or once.		21. Signeture of Funerel Service Lic	ensee	•	22	2. Name and	Addres	ss of Facilit	y INERA	AL HOME			
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	Physician													Onset and Deeth
	/Medical Examiner		Immediate Ceuse (Finet disease or condition resulting in deeth)	e	DEHYD	whi							i	2 WEEKS
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	bed is	Examiner		b. A	BHEI	ner	Baic	7915		DE	netop		1	4 YRS 9 MOS
	and	хаг	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury		Due to (or	es a consec	quence of):							
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ă	death e atten	Physician	D-11 Oth - 1 10 - 1 10						,		1		1	
j.	y the	ys	Part II. Other eignificant conditiona			1	nderlying ce	use giv	en in Part I.					the cause of death?
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000	beed shou	lete	teright	VAICUL	or l	l'lon-					perfo	rmed?	COL	illable prior to inpletion of cause
Ž Ž	Tha law ate has b page 2 s	Completed	13 1	VAI cul								_		deeth?
	n: Tr ficate or, pe	Ö	25. Was case referred to medicat	Phicamy								res 2 No	1L	Yes 2 No
5	Physician: The law this cartificate has t ral director, page 2 s	00	exeminer?	Hospital:				Othe	ne: /		(Check only o			
ō	Phy rail	7: 70	27. Manger of Deeth	28e. Date of I	njury	R/Outpatier 28b. Time of		Bc. Injury Work				dence 6 Oth		")
DIVISION	th. Afte	tio	1 ☑Naturat 5 ☐ Pending 2 ☐ Accident Investigation		Dey Year)	Injury	М		k? Yes 2∐!	No				
2	Atter octor by th	Hice	3 ☐ Suicide 6 ☐ Could not	d 28e. Place of			eet, factory,	office			28f. Location (S	Street end Numb	er or Rure	Route Number,
5	a afte	Certification:	4 Homicide	building,	etc. (Specify)						City or Tov	vn, Stete)		
	splt houn mera y fille		29a. Certifier 1 Certifying P	hyelclan: To the be	st of my know	ledge, deeth	occurred a	t the tim	e, date and	d plece, a	and due to the	ceuse(s) and ma	nner as st	ated.
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical	(Check only 2   Medical Exa	miner: On the basis end manner	or examination	on and/or Inv	estigetion,	In my op	oinion, deat	h occurr	ed et the time,	date end place,	end due to	the cause(s)
	To the	Σ	29b. Signeture and title of certifier				29c.	License	number			29d. Date signe	d (Month, L	Dey, Year)
			0				1	7	427	L		9.16%		
			30. Name and address of person who	completed cause o	of death (Item :	23a) (Type,	Print)		,					
	4		DR. SIMON SCAL	IA 280	O1 HUDS	SON ST	REET,	BAI	TIMOR	RE, 1	MARYLAN	D 2122	4	or a state of
			04 Parks (1) of (44 of the first terms)	00.5										

Registrar

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

SCOTT

State of Maryland / Departm	ent of Health and Mental Hygiene 96	27951
Certific	eate of Death Reg. No.	
1. Decedent's Neme (First, Middle, Last)	2. Dete of Deeth	3. Time of Deeth

**Physician** /Medical **Examiner** 

4e. Fecility Neme (If not institution, give street end number) 2210 W. NORTH AVE

4b. City, Town, or Location of Deeth BALTIMORE

1 Pay 1996 2130 P 4c. County of Deeth N/A

Funeral

r than "naturel", or items 23s or 28s-f show the Mexical Examiner rount be notified at

Directo

Funeral

à

Completed

Be

2

217-22-3322 Usuel Residence of Decedent 10b. County

5. Social Security Number

YES 10c. City, Town or Location

7. Age (In yrs. lest birthdey)

If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth JAN 31, 1913

SEPT

9. Birthplece (State or Foreign MARYLAND

Director

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hours after

Hygiene.

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permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic event once.

**Physiclan** 

/Medical

Examiner

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physician a

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After

death.

24 hours after deat Funeral Director:

To the I within 2

Hospital

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Certification:

Medical

88 080 0

the death certificate be executed

Box 68760.

P.O.

Records.

of Vital Physician:

Division or Attending

altimore, Maryland 21215-0020

10e. Stete MD.

**JAMES** 

BALTIMORE

10d. Inside City Limits XXYes 2 No

10e. Street end Number

10f. Zip Code

10g. Citizen of Whet Country? USA

2210 WEST NORTH 11. Marital Stetus

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 X Yes 2 ☐ No

AVENUE

21217 Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Race - American Indien, Bleck, White, etc. BLACK Specify:

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

Deys

16b. Kind of Business/Industry

Elementary/Secondary (0-12) 12TH

College (1-4or 5+)

AGENT

REAL ESTATE

17. Fether's Neme (First, Middle, Last)

JAMES E. SCOTT SR.

SADIE JACKSON

19e. Informent's Name/Reletionship (Type, Print) RUTH SCOTT (WIFE)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2210 WEST NORTH AVENUE BALTIMORE, MD. 21217

20e. Method of Disposition

20b. Plece of Disposition (Neme of cemetery, cremetory or other piece)

20c. Location - City or Town, Stete

1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donation 5 Other (Specify)

GARRISON FOREST VET 9/23/96

OWINGS MILLS, MD.

Approximete Interval Between Onset and Deeth

2□ No

21. Signature of Juneral Service Licens

Ε.

XDM 2DF

N/A

22. Name end Address of Fecility CAPLE FUNERAL SERVICE 5502 WINNER AVENUE BALTIMORE, MD. 21215

18. Mother's Name (First, Middle, Malden Surneme)

Immediete Ceuse (Finel disease or condition resulting In death)

junes and Caphypia

plicetions thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, one cause on each line.

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last Physician/Medical

Due to (or es e consequence of)

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings evailable prior to completion of cause of death? 24e. Was en eutopsy performed?

25. Wes cese referred to medice! ¥ Yes 2 No

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home S Residence 6 Other (Specify)

2 No

27. Menner of Deeth 1 Neturel 2 Accident

3 Suicide

Homicide

5 Pending investigation 6 Could not be determined 28e. Dete of injury (Month, Day Year) 28b. Time of 2115 HKM Found 8/17/96

28c. Injury et Work? 1 Yes 2 No 28d. Describe how injury occurred subject struck a.

29e, Certifier

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) hone

28f. Location (Street and Number or Rural Route Number City or Town, State) 2210 West North Baltimore Mary lan

(Check only one)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

**Whedical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner stated.

29b. Signeture and title of certifier

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) SEPT 18,1996

wood 30. Name and address of person who completed cause of dish (Item 23e) (Type, Print)

HEODORE MIKIN 31. Dete filed (Month, Dey, Yeer)

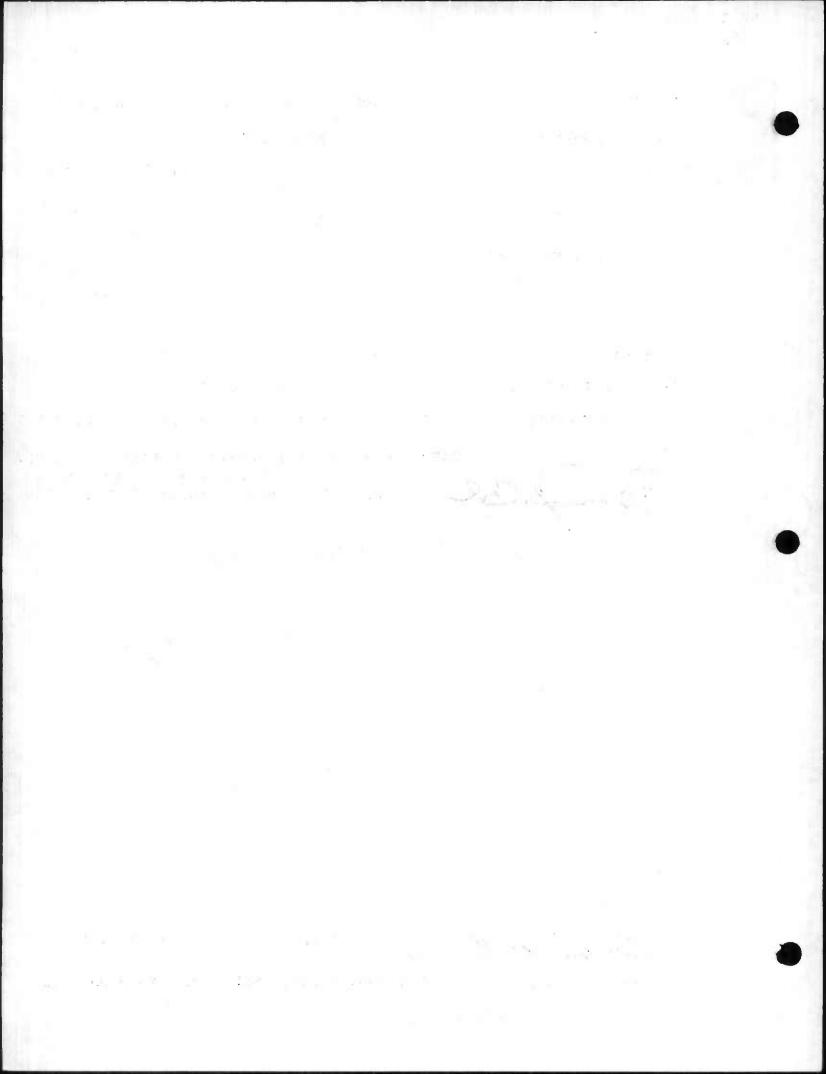
111 Penn Street, Baltimore, Maryland 212

State Registrar

SEP 1 9 1996

32. Registrer's Signeture a Savidson-Randelle

**DHMH 16 Rev 6/95** 



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3. Time of Death

Physician
/Medicai
Examiner

Funeral

JULIA

1□M 2XF

TOWSON

2. Dete of Deeth Month SEPTEMBER

16, 1996 9:41PM

SINAI HOSPITAL

1. Decedent's Neme (First Middle Last)

4b. City, Town, or Location of Deeth

5. Sociel Security Number

BALTIMORE If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) Deys Months Hours

218-46-9220 Usuel Residence of Decedent

10a Stete

10c. City, Town or Location

48

marh

9. Birthplece (State or Foreign Country)

10b. County

md

NIA

Balto

Yes.

10d. Inside City Limits 1ÆYes 2□ No

10e. Street end Number

4011

ordleigh IZ. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☒ No If Yes, Give' Yeer or Detes:

21215 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

U.S 14. Rece - American Indian, Bleck, White, etc.

1 Never Merried 2 Merried 3 ☐ Widowed 4 ☑ Divorced

15. Decedent's Education

1 ☐ Yes 2 No

10f. Zip Code

Specify: Black 16b. Kind of Business/Industry

10g. Citlzen of Whet Country?

Elementery/Secondery (0-12)

College (1-4or 5+) NIA

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) rivate Dutu Murses Ande

woodlawn, md

17. Fether's Neme (First, Middle, Last)

40 a

Jenkin 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

19a, informent's Name/Relationship (Type, Pnint)

Son onald 20a. Method of Disposition

1611 Kirkwood 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece)

Rd Balto, md Dete 20c. Location - City or Town, Stete 9/20/96

1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

Woodlawn Cemetern 22. Name and Address of Fecility

- west

21. Signature of Funerel Service Licensee

23a. Per II Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, short or heart feiture. List only one ceuse on each line.

ICK

4300

Approximete intervel Between Onset end Deeth

immedieta Ceuse (Finel diseese or condition resulting in death)

. Arteriosclerotic Cardiovascular Disease

Due to (or es e consequence of):

Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or es e consequence of):

Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings aveilable prior to completion of cause of death?

INSPECTED

1 Yes X2X No

1 Yes X No

25. Wes cese referred to medicei exeminer? Yes 2□ No

28e. Dete of Injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

27. Menner of Deeth Neturei 2 Accident 3 Suicide

4 Homicide

5 Pending investigation 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

29a. Certifier

1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner as steted.

**Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

O.C.M.E.

SEPTEMBER 16, 1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

THEODORE M. KING M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar

Dete filed (Month, Dey, Yeer) EP 1 9 1996



4e. Fecility Neme (If not institution, give street end number)

Director

Director

Funerai

by

Completed

28a-1 show the Medical Examiner must be notified at ò itema 23a

death filed within 72 hours after "natural", or Pages 1 and 2 should be filed within nent of Health and Mental Hygiane. Int: If Itam 27 is marked other than ' Irry or other traumatic event, Ins Ma

permit. Page Department of Important: If any Injury or

**Physician** /Medical

Examiner

bunal-transit

the

for use as

pu

physician

signed by

ipital or Atlanding Physician: The law require ours after death.

eral Director: After this certificata has been signified in by the funeral director, page 2 should I

To the Hospital o within 24 hours af To the Funeral Di completaly filled is

Examiner

Physician/Medicai

ģ 2

Completed

Be

2

Certification:

Medicai

Baltimore, Maryland 21215-0020

P.O. Box 68760. Records, of Vital Division

The law requires that the death certificate be executed

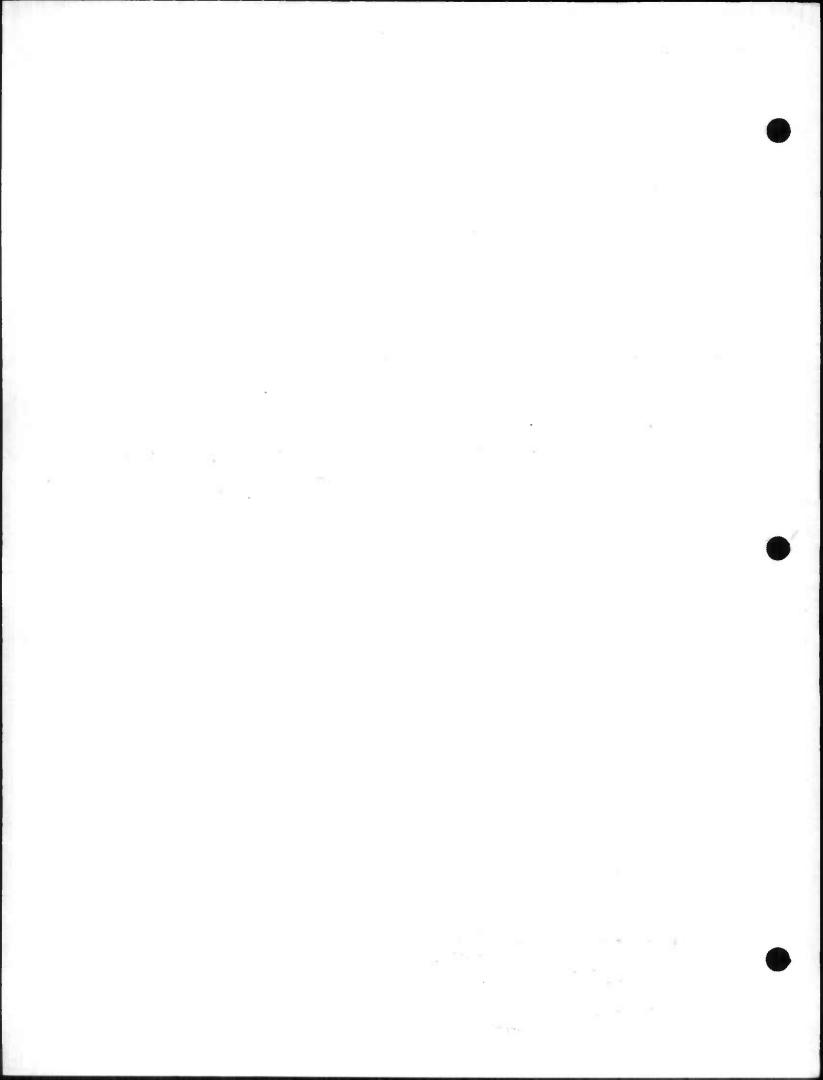
REG. NO.

1 - FOR STATE REGISTRAR

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6876
BOX
P.O.
RECORDS,
OF VITAL
VISION O
5

,	1. DECEDENT'S NAME (First	, Middle, Last)						MONTH			/EAR	TIME OF DEATH
	Fran 4. SOCIAL SECURITY NUM		Jane 5. SEX	Vernoi		IF UNDER t YEAR	T	Sept 7. DATE O	ember		996	
			1 M 2 X F			ONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not it			83		9h CITY TOWN	OR LOCATION OF DI	_	7, 19	9c. COUNTY		essee
	Manor Care	Ruxto					wson				timo	
RECTO	RESIDENCE OF DE	10b. COUNT	Υ		10c, CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY
	Maryland		Balti	maro				undal	b			LIMITS?
7	100. STREET AND NUMBER			3.10.00	1	10	of, ZIP CODE	50, 500000		10g. CITIZE		T COUNTRY?
	1816 Jacks	on Roa	d				2	1222		Un	ited	States
	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Div			IT EVER IN U.S. AF		If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 NO Specif	en, Puerto R	(Specify Yes ( Ican, etc.)	or No — 14	I. RACE — Black, W Specify:	American Indian, this, alc.  White
ı		EDENT'S EDU				SUAL OCCUPATI		16b.	KIND OF BUSI	NESS/INDUS	TRY	
	Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	- Min	ilve kind of wo ). Do NOT use	ork done during m retired.)	lost of working					
	9 Years				Reta	il Sale	S		Sal	.es		
1	17. FATHER'S NAME (First, A	,					18. MOTHER'S NA			lumame)		
	Joseph Edwa		dges				Lucy E					
	190. INFORMANT'S NAME (		hhla/Niga				e Road					1222
ı	20a. METHOD OF DISPOSIT	TION		20b. PLACE	ANDDATEO	F DISPOSITION /A	iame of	DATE	20c. LOC	ATION - Cit	ly or Town,	State
ı	t Donation 5 X Othe	on 3 🗆 Ram r (Specify)	entombmer	it Gard	ens o	Faith	Mausole	um9/1	9/96	Balti	more	. MD
1	21. SIGNATURE OF FUNED					22. NAME A	AND ADDRESS OF FA	VCILITY	0 Hama	0/10	lunda	Oh Tua
- 1	DA	1	00			792	2 Wise A	unem	Dundal	b Ma	rula	nd 21222
	EX PART I. Enter the	liseasea, or	complications the	at coused the de	eath. Do no							Approximata
	IMMEDIATE CAUSE (FI		List only one car									Onsel and Daal
	disease or condition resulting in death)	$\rightarrow$	· AC	erte	50	robe	e					Week
			DUE TO	(OR AS A CONSE	OUENCE OF)	):						
	Sequentially list condi	tions,	b	OR AS A CONSE	OUENCE OF							
	If any, leading to imme cause. Enter UNDERLY		500 10	(OIL AS A COURSE	OULINCE OF	)*						
	CAUSE (Disease or inj that initialed eventa		DUE TO	(OR AS A CONSE	OUENCE OF)	):						
CERTIFICATION	resulting in death) LA	ST	d									
	PART II. Other algnific	ant conditio	ns contributing to	death but not	resulting in	The underlyle	ng cause given in	Part I.	24a. WAS AN	WTOPSY	24b. W	ERE AUTOPSY FINDING
									PERFORI	-	00	MILABLE PRIOR TO OMPLETION OF CAUSE
								_	1 123 2	2 110		F DEATH?
. 1	DID TOBACCO	JSE CONT	RIBUTE TO CA	AUSE OF DEA	ATH YES	S NO [	UNCERTAI	N Q				0.41 0.11.
3	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL		26. PLA		H (Check only one	)					
FILSICIAN	1   YES 2   10		HOSPITAL:	☐ ER/Outpatient		OTHER: 4 Mursing Ho	me 5 🗆 Rasidenca	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH  1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF		28b. TIME INJU	JRY W	JURY AT YORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCU	RED	
COMPLEIED	3 Suicide 8 4 Homicide	Could not be determined		OF INJURY — At h , etc. (Specify)	ome, ferm, at	ireel, factory, offi	Ice	28f. LOC.	ATION (Street as or Town, State)	nd Number or	Rural Rout	te Number,
		TIFYING PHYS	SICIAN: To the beat o	f my knowledge, d	eath occurred	d at the time, dat	te and place, end du	e to the cau	se(a) and men	ner as stated	i.	
	0/10) 2 <u>ME</u>	DICAL EXAMIN	ER: On the beals of a	examination and/or	Investigation	, in my opinion,	death occured at the	e time, data	and place, and	due to the	cause(e) er	nd menner es atated.
4	296. SIGNATURE AND TITL	E OF CENTIFIE	lodi'n	P7			29c. LICENSE NU D-12	B4	9	29d, DATE :	BIGNED (M	forth, Day, Year) 7 - 9.6
2	A.H. GH	F PERSON W	HO COMPLETED CAU	JSE OF DEATH (ITE	EM 27) (Type,	Print) LER	D-12,	WSO.	N. 17	d	212	204
	31. DATE FILED (Month, Day	Year)	DE REGIOTA	AR'S SIGNATURE								
	SEP 1 9 189	6	gun David	ion-Bindel	2							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



HEU								CU	rtificate	UI	Jeani			Reg. No.		
1-1	_	. Decedent's Nam	a (First, Midd	die, Last	)								2. Date of De	eth	.,	3. Tim
cian Iical		VILLIAM		D	ANIEL				V	VHI'	TE	S	Month EPT.	13. 19	Year 996	231
iner	4	e. Facility Name (/	f not institution	on, give	street and n	umber)					lb. City, Town,	-			ty of Deet	
	E	BAYVIEW	MEDI	CAL	CENT	ER-	-E.R.			В	ALTIMO	ORE	CITY		N/A	
П		. Sociel Security N		6. Se	х		(In yrs. lest		If Under 1 Months		If Under 24		B. Date of Bir (Month, Da		9. Birt	thplace (Sta
		217-84-7	796	112	]M 2□F		35	Yrs.	MONUTS	Deys	nours	nin.	May 24	.1961	Ma	vintry) Vrylan
		Jsuet Residenca of 0a, Stete	Decedent 10b. County				10- O'- T									
Ž				•			10c. City, To	own or Lo	cation							10d. Inside
Sch	٨	Maryland		ltim	ore						Dunda	lk_				101
古		0e. Street and Nur			,				10f. Zip C	ode				10g. Citizen of		
ra		8452 Kav	anagh					-			2122			Unite	ed St	ates
by Funeral Director		Marital Status     Never Marri     Widowed		rried	12. Was Dec Armed F 1 Tyes If Yes, G Yeer or I	Forces? 2[7] No live			Was Decede If Yes, specif 1 ☐ Yes 2)		spenic Origin's n, Mexican, Pi Specify:	(Specuento R	ify Yes or No ican, etc.)	Spec	ack, White	orican Indiar e, etc.
g			15. Deceder	nt's Edu	cation		16	6a. Dece	dent's Usuel	Occupe	etion			16b. Kind of		
Completed	-	(Spec	ify only highe	est grade		(1-4or 5+)		(Give	kind of work DO NOT use	done d	turing most of	working	7			,
EO		G.E.D.	10619 (0-12)		College	(1~401.5+)		Con	struct	tion	worke	r		Cor	Atru	ction
Be		7. Fether's Name (	First, Middle,	, Last)							18. Mother's	Vame (	First, Middle,	Maiden Sume		000,0
To		George J	oseph	Whi	te						Marg	are	t Melu	ille Cr	iouse	
		9a. Informant'a Na	me/Relation	ship (Ty	pe, Print)		1	9b. Maiiir	ng Address (	Street 8	and Number of	Rura/	Route Numbe	er, City or Town	n, State, Z	Zip Code)
		George J	. Whit	te/B	rother	7			Manni					Maryl		
	20	0a. Method of Disp					20b. Place	of Dispo	sition (Name	of			Dete	20c. Location	- City or	Town, State
		1 ☐ Burlei 2 ☐ 4 ☐ Donation			emovel from	State			netory or oth			186	101	-		
	2		1 4		est.	11	11/19	top	Servic Name and	e C	orp. 9	118	196	Towso	n, Me	aryla
20a. Method 1 Bu 4 Do				7	~ .	////		1 2	- 6	T ot -	2 11.	,	0 10	1. 4		
		10	//		h/-	$\sim$	1///	VI	uaa-Ku	CR.	runera	- 110	me of	Vundal	R. II	nc.
	tr	23e. Pert1. Enter the shock, or heer	Finat	r complitionly on					uda∽Ku 9 <u>22 Wi</u> erthe mode			Dunc diec or	ome of dalk, I respiratory en	Vundal Marylan rrest,	d 2	NC. 1222 Approxir Interval Onaet as
	tr d	mmediete Ceuse (l lisease or condition esulting In death)	Finat	or complited only or		COTIC		COHOL	INTOXIC			Dunc diec or	ome of dalk, I respiratory en	Vundal Marylan rrest,	d 2	MC • 1.2.2.2 Approximate interval Onaet a
	tr d	mmediete Ceuse (l lisease or condition esulting In death)	Finat	or complification of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the compl		COTIC Du	AND AL	COHOL a conseq	INTOXI(			Dunc Junc Jiec or	ome of lalk, I respiratory el	Vundal Marylan rrest,	d 2	MC • 1222 Approximate Interval Onaet an
	tr d re	mmediete Ceuse (l lisease or condition	Final noditions, mediate tying njury	er complit only or		Du Du	AND ALC	a conseq	INTOXI( juenca of):			Dunc diec or	ome of ialk, I respiratory et	Vundal Marylan rrest,	R, 11	MC . 1222 Approxitinterval Onaet a
Medical	tr d re	mmediete Ceuse (i lisease or condition esulting In death) dequentially list con- any, leading to im- ause. Enter Under lause (Disease or i nat Initiated events	Final noditions, mediate tying njury	a a b		Du Du	AND ALC	a conseq	INTOXI( juenca of):			Ound diec or	ome of dalk, I	Vundal Marylan	R, 11	MC . 1222 Approxi Interval Onaet a
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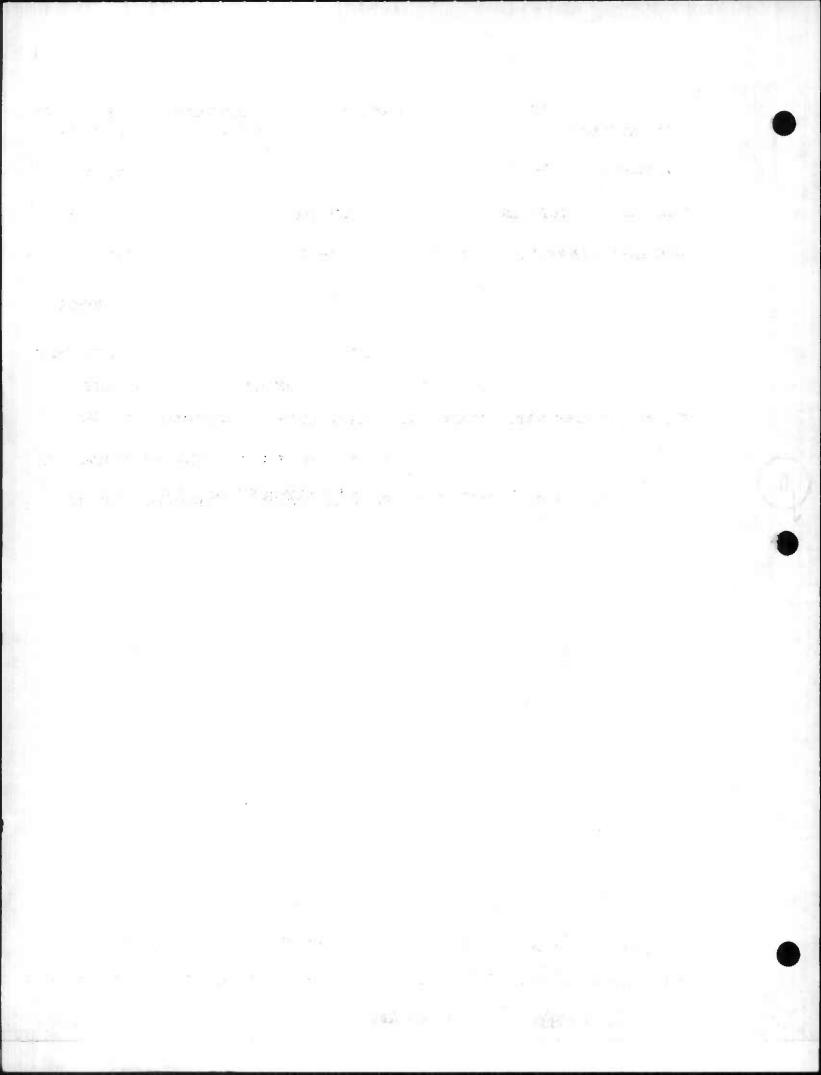
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					Certifica	ate of L	Death		Reg. No.		
Physici /Medi		1. Decedent's Name (First, Middle, Last RONIE HAN	MBURGE	2	WAL	DOR	F	2. Data of De Month SEPTEM	ath Day	Year 96	3. Time of Death
Examir		4a. Facility Name (If not institution, give NoRTH WEST		HL C	ENTE		City, Town, or Lo	cation of Death	4c. County		
Funeral Director		5. Social Security Number 6. Sa 212–18–4083	X 7. Age (In	yrs. last birth 87 Y	month irs.	dar 1 Yaar ns Days	If Under 24 Hrs. Hours Min.	8. Date of Bird (Month, Da OCT. 2	th ly, Year) 26,1908	9. Birthplac Country MAR	ce (Stata or Foreign YLAND
he Maryland (8a-f ahow	ector	10a. State 10b. County  MARYLAND N/A	100	c. City, Town		BALTIN	ORE				1. Inside City Limits 1 ☑ Yes 2 ☐ No
th with the	Funeral Director	10e. Street and Number 6318 GREENSPRING A	AVE., APT.	102	10f.	Zip Code 212	209		10g. Citizen of US		N.
within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show to Medical Exercise: mat be notified at	þ	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 🏋 Widowed 4 ☐ Divorced	12. Was Decedant Evar Armed Forces? 1 ☐ Yas 2 X No If Yes, Give Year or Dates:	in U,S.		cedant of His pecify Cubar 2 X No	spanic Orlgin? (Sp. , Mexican, Puarto Specify:	ecify Yes or No Rican, atc.)	14. Rac Bia Specif	ce - American ck, White, etc y: WH]	c.
within 72 ho	Completed	15. Decedent's Edu (Specify only highest grad Elamantary/Secondary (0-12)		1	life. DO NO	work done di	uring most of work	ing	16b. Kind of B	usiness/indu	stry
be filed tal Hygid d other		17. Fathar'a Nama (First, Middle, Last)			OL.		18. Mother's Name	e (First, Middla,		na)	
should be filed within and Mental Hygiene. marked other than imatic event, tre M	To Be	FERDINAND	F	HAMBUR	GER		C	ARIE		FRAN	ΝK
C/ 60 80 80		19a. Intormant's Name/Relationship (7) RABBI FRANK M. WAI			_		nd Number or Run EALTH AVE				
Pages 1 neol of H int: If its ury or of		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cramation 3 ☐ F  4 ☐ Donation 5 ☐ Other (Special)	Removal from State		Disposition (/ crematory C REW FR		IP - 9-	Date 18-199	20c. Location BALTI		
permit. Page Department of Important: If any injury or ance.		21. Signature Cuneral Service	Duni.	>			VINSON &			, MD 2	21208
death certificate be executed  x A  y A  e ettending physician and for use as the burlel-transit	Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last	Due	to (or es a co	A U (	of):	ste	NoSIS			
	Physician/	Part II. Other significant conditions con	ntributing to death but not	rasulting In	the underlyin	g cause give	n in Part I.	23b. Did	tobacco usa co	ntribute to ti	he cause of death?
requires that the do	by Ph							10	Yes 2□No	3 Probe	bly 4 Bunknown
2 S	Completed								an autopsy rmed?	avail	a autopsy findings able prior to pletion ot cause ath?
E se a								10	Yes (28 No	101	Yes 2□ No
ysician: The	Be	25. Was case referred to medical examiner?	fospital:			Othe	26. Place of Death				
this aldi	: To	1 Ves 2 No	1 Hnpatient 28a. Date of Injury	2 ER/Outs 28b. Ti		DOA Othe	+LI Nuising Ho		dence 8 Oth		
f or Attending Phatter death. Director: After this in by the funeral	Certification:	V☐ Natural 2 ☐ Accident 3 ☐ Sulcide 4 ☐ Homicide  5 ☐ Pending investigation 6 ☐ Could not be determined	(Month, Day Yea 28e. Place of Injury - building, etc. (Sp	ir) Inj	ury M		es 2 No		Street and Numi		Route Number,
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical Ce	29a. Certifier (Check only one)  1 Socertifying Physical Example (Check only one)	elcian: To the best of my ner: On the basis of exar and manner stated.	knowledge, nination and/	death occurre or Invastigati	ed et the time on, in my op	e, date and placa, nion, death occurr	and due to the ed at the time,	cause(s) and madate and place,	anner as stat and due to th	ed. he cause(s)
To the To the Comp	Me	29b. Signatura and titla of certifiar	i lu			D37	number 333	1	29d. Data signe EFTEM!		ny, Year) 17, 1996
10		30. Name and address of person who co	mpleted cause ot deeth	(Item 23a) (T	vpe, Print)			21133			

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Film G7	39 i	tem 8 per FH 9-19-96	rja		Certif	icate of	Death		leg. No.		
Physi	cian	1. Decedent's Name (First, Middle,	Last)					2. Dete of Dea Month	th Dey	Year	3. Time of Deeth
/Med Exam	lical	SUBURBAN "HOSPITA	BESSIE give street and number)		WEIN	ZIER	4b. City, Town, or L BETH	SEPTEMS ocation of Deeth ESDA	BER 12.	1996	11:45pm COMERY
Funera Directo		5. Social Securify Number 056-07-4894 Usual Residence of Decedent	Sex 7. Ag	e (In yrs. last bii 87		Under 1 Yeer onths Days		8. Date of Birth (Month, Day	1	9. Births	olace (Stete or Foreign SSIA
with the Marylend a or 28a-f show	ctor	10a. State 10b. County	NIGOMERY	10c. City, Tow	n or Locatio		VILLE			1	10d. inside City Limits 1 Wes 2 No
th with the 23s or 28	al Director	10e. Street and Number 1801 EAST JEFFER.	SON ST., AP	т. 119	1	0f. Zlp Code 20	852		l0g. Citizen of	Whet Cour	ntry?
15-0020 n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show edical Examiner must be northed at	by Funeral	11. Maritai Status  1 □ Never Married 2 □ Married 3 □ ₩ vidowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:	Ever in U,S.		Decedent of los, specify Cub	Hispenic Origin? (Spoan, Mexican, Puerto	ecify Yes or No- Rican, efc.)	14. Rad Ble Specifi	ck, White,	can Indien, etc.
15-0 n 72 hc	Completed	15. Decedent's (Specify only highest of		16a.	Decedent's	s Usual Occu	pation during most of work ed)	ing	16b. Kind of B	usiness/In	dustry
2121 d within piene.	omo	Elemenfary/Secondary (0-12)	College (1-4or 5	+)	MANA		90)		1	U.S.	GOVERNMENT
Maryland 21215-0020 nd 2 should be filed within 72 hours aff the and Mental Hygiene.  27 is marked other than "natural", or traumatic event, the Medical Evans traumatic event, the Medical Evans	To Be C	17. Father's Neme (First, Middle, La AARON	,	IEDMAN			18. Mother's Nam		Maiden Suman		
e, Maryle 1 end 2 should Health and Mer am 27 is marke ther traumatic		19a. informant's Name/Relationship MR. RICHARD ROSE		HEW)			t and Number or Rur CLIMBER W.				
S 70 E 0		20a. Method of Disposition 1   ↑ Buriel 2 □ Cremetion 3 4 □ Donation 5 □ Other (Special Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contr			ry, cremator	y or other pla	RETH ISRA	Date EL - 9-1	20c. Location	,	
Baltimo permit. Page Department of Important: If any injury or		21. Signeture of Funeral Service Lic	ie Lev	in	22. Na		ess of Facility evinson & terstown	Bros	Inc esvill	e, MD	21208
		23a. Part1. Enter the disease, or co shock, or heert failure. List on	mpilcations that caused y one cause on eech lin	the death. Do	nof enter the						Approximete Interval Between
Physiciar /Medica Examine		Immediate Cause (Final disease or condition resulting in death)	W	SPSI.		ce of):					Onset and Death 6 days
bet fish	Examiner		b	- Tiller							
58760, icate be executed physician and s the burial-transit		Sequentielly llst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events		Due to (or es a	consequenc	e of):					
OX 68760, certificate be executed rding physician and use es the burial-transit	edical	that initieted events resulting in death) Last	C	Due to (or as a c	consequenc	e of):					
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that the death cert ed by the ettendin detached for use	Physiclan/	Pert II. Other significant conditions	confributing to death bu	it not resulting in	the underl	ylng cause gi	ven in Part i.	23b. Did to	bacco use co	ntributa to	the cause of death?
Es that the igned by be detact	by Ph	DIABE	TES ME	ELLIT	45			101	es 2 No	3 Proi	bably 4 Unknown
I Kecords, P.O. Bo The lew requires that the death ate has been signed by the ette page 2 should be detached for	Completed t							24a. Was a perfor		eve	ere autopsy findings eileble prior to mpletion of cause death?
f Vital Reysician: The liss certificate he director, page								1 🗆 Y	es 2 PNo	10	Yes 2□ No
ysician: Thy ysician: Thy is certificate director, pag	o Be	25. Was case referred to medical examiner?  1 ☐ Yes 2 ☑ No	Hospital:			Ott	26. Place of Deat	8			
	atlon: To	27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigefi	28e. Date of Injury (Month, Day	y 28b. 1	Time of njury	28c. Inju Wo	4 Li Nursing no	me 5 LI Residence 128d. Describe h			0
Division o  To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not determine		actory, office		28f. Location (S City or Tow		per or Rura	I Route Number,		
DIV To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical (	29a. Certifier 1 Certifying F (Check only one) 2 Medical Exa	hysician: To the best of miner: On the basis of and manner state	examination and	, death occi d/or investig	urred et the ti ation, in my o	me, dete end place, opinion, death occurr	and due to the c ed at the time, d	ause(s) and ma ate and piece,	anner as st and due to	ated. the cause(s)
Tot Withi Tot	M	29b. Signature and fifle of certifier	m P	10		29c. Licens	se number	2	9d. Date signe		Day, Year) 3,1996
10		30. Name and address of person who DAYA SHARMA	MD 50		Type, Print)	STOW	DRIVE #	303	Ruckey	lle .	MD 20852
St Regis	ate rar	31. Date filed (Month, Day, Year)		r's Signature							
ricgis	, al	SEP191	190 7000	widson-	ander						

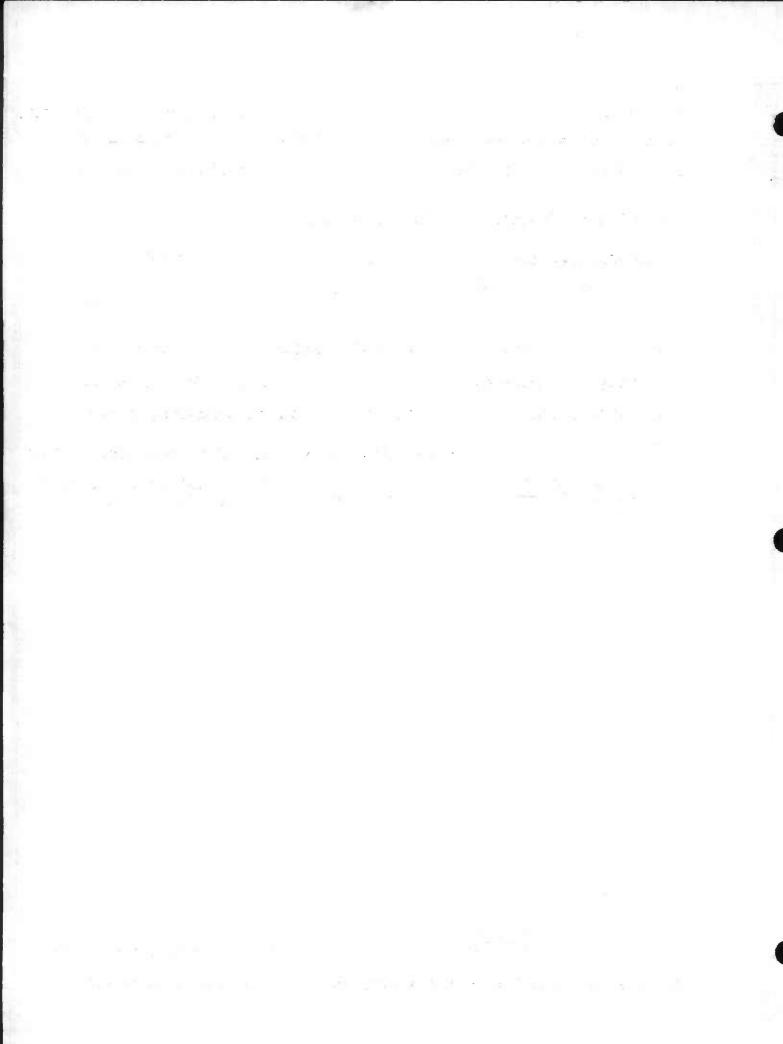
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State of Maryland / Department of Health and Mental Hygiene 96 27962

						Ce	ertifica	te of	Death			Reg. No.		- 1 2 0 L
			1. Decedent's Neme (First, Middle,	Last)							2. Dete of De		V	3. Tima of Death
	Physic		Frances D. Aller								Month	Day 3. 1996	Year	12.50 D.M
1	/Medi Examii		4a. Facility Nema (If not institution,	<u>l</u> give street and nu	ım <i>ber)</i>				4b. City, To		Sept. 8 cation of Deet		of Deeth	12:50 P.M.
	Examili	iei	Pineview Nursing			re		c	linto	n				orge's
_				S. Sax	7. Age (In yrs.		/ If Unde	r 1 Yaer			6 Date of Bir			piece (Stata or Foreign
	Funeral Director		230-24-4526	1□ M 257F	74	Yrs.	Months			Min.	(Month, Da	1, Year 1922	Geo.	raia
			Usuei Residence of Decedent	**	, -		<u></u>	1		1	4	17 1344	000.	-924
	Man Man		10a. State 10b. County		10c. Cit	y, Town or I	ocation							Od. Inside City Limits
	fah.	0	Maryland Prince	George!s		Fort	Wash:	inat	on					1 ☐ Yes 2 ☑ No
	the P	Director	10e. Street and Number	occige i		1010		p Code	011			10g. Citizen of V	What Cour	otor?
	with of a													
	e 23	Funeral	7620 Allentow		adan Pusa la II	0 10		744	Historia Ou	1-1-0 10		United		
	prof.	L L	11. Meritei Stetus 1 ☐ Never Merried 2 ☑ Merrie	Armed F	cedent Ever in U orces?, 212 No	,3. 13	If Yes, spe	ecify Cub	an, Mexicar	n, Puerto F	cify Yes or No Rican, atc.)	Biad	k, White,	cen Indien, atc.
20	ns eff	by F	3 Widowed 4 Divorced	If Yas, G	iva		1 🗆 Yes	20 <b>X</b> No	Specify:			Specify	. Whi	te
8	ould be filed within 72 hours efter death with the Manyland Mental Hyglene. arked other than "natural", or items 23a or 28a-f show artic event, the Medical Examiner must be modified at	B	15. Decedent's		20105.	160 Dec	edent's Usi	iol Occur	nation					
7	n 72 na	Completed	(Specify only highest	grade completed)		(Giv	e kind of w	ork done	during mos	at of working	ng	16b. Kind of Bu	Janieswin	dustry
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an	be do	Be	Jeffrey	Fitzger	ald				10.1110	011			zger	ald
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Maryland 21215-0020	le r		19e. Informant's Neme/Raletionship Ronald Lynn A	llen		762	O Alle	ento	wn Rd.	• Ft.	Washi	er, City or Town, ngton, N	D 20	744
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Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylen Depertment of Health end Mental Hygiene.  Depertment of Health end Mental Hygiene.  Important: if Nem 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signature of Funeral Service Lie	ensee /			22. Neme e	nd Addre	ess of Fecili	ty Too	Funer	emoH [c·	Tno	c., 6633
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	10.00		23a. Pert1. Enter the disease, or co	omplicetions that	caused the deet								124	Approximate
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	/Medical		Immediete Ceuse (Finei disaese or condition	Cal	ebro	1000	0			005	-lean	+	1	Jeurs.
	Examiner		resulting in deeth)	e. C & V		or es a cons			F 1 9		Cityo			4 11-2
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68760,	sicie bu	edical	that initiated events	C	Due to fo	r as a conse	auence of							
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Ď	The law requires that the death ite has been signed by the etter page 2 should be detached for i	Physicia	Det II Other significant and dates			late e le atre	on dividual		landila Bara I		ook Did	******	-0-1600	
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Ö	v require been si should	Completed	SEIZUR	LE PI	ZOKDE							ormed?	av	vailable prior to impletion of causa death?
š	has law	ldu										. ^	of	death?
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Ë	elcian: The certificate irector, pag	Be	25. Wes case referred to medical axeminer?						26. Place	e of Deeth	(Check only o	one)		
-		2	1 ☐ Yes 2 No			ER/Outpeti	ent 3 D	OA OI	her: 42 Nu	ursing Hon	ne 5 🗆 Resi	dence 6 □Oth	er (Speci	fy)
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000	andline or: A	atl	2 ☐ Accident invastigat				М	1 [	Yes 2	No				
5	or Attending after death. Director: After in by the fune	tific	3 ☐ Sulcida 6 ☐ Could no 4 ☐ Homicide detarmine	Zee Piec	e of Injury - At he ling, etc. (Specif	oma, farm, s	treet, fecto	ry, office		2	8f. Location (	Street end Numb	er or Run	al Route Number,
٥	s after al Direct od in by	Certification:			mig, oto. (opcon	,								
	hour hour hy fill		29e. Cartifier 1 Certifying	Physician: To the	e best of my kno	wledge, dee	th occurred	et the ti	ime, dete en	d plece, a	ind due to the	cause(s) and me	nner as a	itated.
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	one) 2 Medical Ex	aminer: On the b	ner steted.	uon and/or i	rivestigetio	ı, ın my	opinion, dee	en occurre	et the time,	uete ena piece,	end due t	o ma cause(s)
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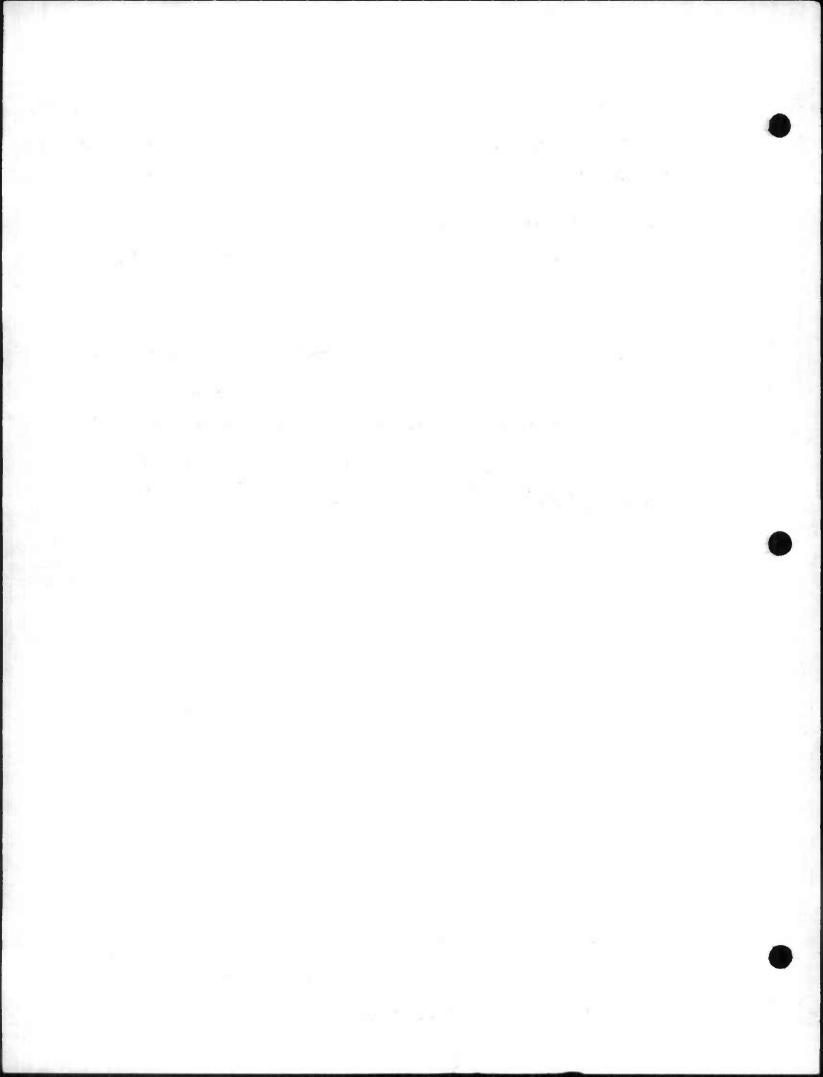
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	/Medi			RICHAI			DNHO	FORD			AUGUST	20	1996	1230
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	Mand dand			. County		10c. Ci	ty, Town or Lo	cation					10	Od. Inside City Limits
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	or 28	Director	10e. Street and Number					10f. Zip Cod	le			10g. Citizen of	What Coun	try?
	23a zament b	Je.	35321 WANG	O ROAD				2	21850			U.	S.A.	
21215-0020	n 72 hours after death with the Maryland "natural", or Nems 23s or 28s-f show solical Examiner must be notified at	by Funeral	11. Marital Status 1  Never Merried 3  Widowed 4		12. Was Deci Armed Fo 1 Tes If Yes, Giv Year or D	2∭No ∕a		Was Decedent of Yas, specify 0			cify Yas or No lican, atc.)	Ble	ca - Americ ck, White, y: WHI	atc.
5-0	72 ho	pe	15.	Decedent's Ed	ucation		16a. Dece	dant's Usuel Oc	cupation	net of workin	0	16b. Kind of B	usinass/Inc	Justry
21	I within 72 ho liene. r than "natur the Medical	Completed	Elementery/Seconder		College (1	I-4or 5+)	life.	kind of work do DO NOT use re	tired)	OSI OF WORKIN	9			
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M	and 2 sho eith and 27 is m		BRENDA C.									MD. 218		0000)
re,	other tr		20e. Method of Dispositi	on		20b. I		esition (Neme of metory or other		11110	Date	20c. Location		wn, Stete
E	age anto A: H		1 Buriai 2 Cre 4 Donetlop 75			21616		EMETERY		1	8/23	POWELI	.VII.I.E	. MD.
Baltimore,	in port		21. Signature of Funeral			- 1	- 1	2. Neme end Ad		ility	0/23	101122		,
Ö	Dep impo		1. Sugar	110	Mr	nes								ND 21804
	Physician /Medical Examiner	er	Pan1. Enter the disshook, or heart fail  Immediate Ceuse (Finel dissess or condition resulting in deeth)			SOPT	1a 5 A	aal		inc				Intarvel Between Onset and Death
Box 68760,	certificate be executed nding physician and use as the buriel-transit	n/Medical Examiner	Sequentielly list condition if any, leading to immed cause. Enter Underlying Cause (Disease or injurthet initieted events resulting in deeth) Last	ons, liete	bd		or es e consec							
	death cer e ettendir ed for use	Icla	Pert II. Other significant	conditions co	notributing to de	eath but not res	uiting in the u	nderlying cause	onen in Per	+1	23b Did	tohacco use co	ontribute to	the caues of death?
P.O.	es that the death cer igned by the ettendir be detached for use	Physician/N	Total. Other argumount	conditions (c	miniputing to de	satii but not 198	suiting in the u	ndenying cause	gweit in Fer					pably 4 Unknow
Records,	s been s 2 should	Completed by									24e. Wes	en autopsy ormed?	ava cor	ara autopsy findings allable prior to mpletion of cause death?
	E SE	Con									10	Yes 2 No	10	]Yes 2□ No
Vital	ysician: The	Be	25. Was case referred to examiner?		141-1411					ce of Deeth	(Check only	one)		
o	S 00 0	To	1 ☐ Yes 2 ☒ No 27. Manner of Deeth				ER/Outpatier	I SU DOA		-		dance 6 Oti		0
u	tending Ph leath. tor: After th the funeral	lon	1 Neturei 5 [	Pending investigetion		th, Dey Year)	28b. Time o Injury		njuryat Work? 1 ∐ Yes 2 [		8d. Describe	how Injury occu	rred	
Division	or Attending effer death. Director: Affer I in by the fune	Certification:	2 Accident 3 Sulcide 6 [ 4 Homicide	Could not be determined	28e. Pleca	of Injury - At h	ome, farm, str fy)	eet, fectory, offi			8f. Location ( City or To	Street and Num wn, Stete)	ber or Rure	l Route Number,
۵	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical Ce	29a. Certifler 12 (Check only one)	Certifying Phy Medical Exam	Iner: On the ba	best of my kno asis of exemine ner steted.	owledge, deetle ation end/or In	occurred et the	e time, dete e ny opinion, de	end place, er	nd due to the d at tha time,	causa(s) end m date and piece,	enner as st end due to	eted. the cause(s)
	withir To th	Me	29b. Signature and title of	of certifier		/ /		29c. Lic	ense number			29d, Date signe	nd (Month, I	Day, Year)
5			1 /Cu	Soul.	un H	ne	ee.	/	3014	3		8/21	191	
	4		30. Neme and eddress of BENJAMII		- 11-			Print)	51		158014	cm !	218	01
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State of Maryland / Department of Health and Mental Hygiene

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					Certifica	ate of	Death		Reg. No.		
		1. Decedent's Name (First, Middle,	Last)					2. Dete of Dec			3. Tima of Death
Phys /Mo	ician dical	Edward Blue						Month	Day 24	Yaer 96	10:55 11
Exam		4a. Facility Nama (If not institution,	giva street and number)				4b. City, Town, o	r Location of Death		of Deeth	
		Atlantic Gen	eral Hospi	tal			Berli	n	WOI	rces	ter
Funer	al		6. Sax 7. Ag	e (In yrs. last bii		dar 1 Year	If Under 24 Hr	s. 8. Dete of Birt			lece (Stete or Foreign
Directo		241-22-0484	12 M 2□F	72	Yrs. Month	s Deys	Hours Mi	Aug 3	, 1923	Coun	NC
ъ.		Usuei Residence of Decedent									.,,
nylar show		10e. State 10b. County		10c. City, Tow	n or Location					1	0d. inside City Limits
h the Maryland r 28a-f ahow	5	MD Word	ester	Berli	in						1 Yas 2 No
E 22 E	S. e	10e. Street and Number			10f. 2	Zip Code			10g. Citizen of V	Vhat Coun	itry?
23a	ie I	10403 Griffi	n Rd.			218	11		Ţ	J.S.	Α.
efter dea or items	Funeral Director	11. Meritel Stetus	12. Wes Decedent E Armed Forces?	Ever in U,S.	13. Wes Dec	cedent of H	lispanic Origin?	Specify Yas or No- irto Rican, atc.)	14. Raci	- Amaric k, Whita,	
5-0020 72 hours effer death with the Maryland naturel; or thems 23a or 28a-f ahow stell Exercise inset be not field.	by	1 ☐ Never Merried 2 ☑ Merrie 3 ☐ Widowed 4 ☐ Divorced		10		2 <b>□</b> No	Specify:	into i noari, ato.,		Bl.	
	Completed	15. Decedent's (Specify only highest	s Education grada completed)	16a.	Decedent's Us (Giva kind of the life. DO NOT	work done	during most of w	orking	16b. Kind of Bu	siness/inc	dustry
within the	Ē	Elementery/Secondery (0-12) 4 th	College (1-4or 5	i+)	me. DO NOT		m hanic		Auto	Don	aire
d 2	ပိ	17. Fether's Neme (First, Middle, L	est)			Mec		eme (First, Middle,	Auto	-	alis
and be de de de de de de de de de de de de de	Be	Peter D. Blue	,							4)	
d Me	2	19a, informent's Neme/Ralationsh		106	Molling Addre	no /Ctrant		e Taylor		Otata Zia	Code
Maryland of 2 should be file lith and Mental Hy 27 is marked other traumatic event		Essie Mae Blu						, Berlin			
Heel Heel		20a. Method of Disposition	E / WIIC		Disposition (A ry, crematory o			Date	20c. Location -		
Baltimore, Maryland 2121 pemit. Pages 1 and 2 should be filed within Department of Heelih and Mental Hygiene. Important: If Nem 27 Is marked other than " any Injury or other traumatic event, are Ma		ty Buriai 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Spo						8/31/9		1	multiple and the second
Ball permit Depart Import	BUCE	21. Signature of Poheral Service L	consee		Lewi	s N.		n Funera Salisbu			801
		23a. Part1. Enter the disease, or o shock, or heart takine. List o	omplications that caused	the death. Do						7 21	Approximete
Physicia	n I	shock, or heart talture. List o	nly one cause on each lin	10.						į	Interval Between Onset end Deeth
/Medica	_	Immediate Cause (Final	10		p-	1	11			į	. 1
Examine	er	disease or condition resulting in deeth)	a	Due to (or es a	1/4	Jus	TV .			1	1 year
	e I			stett						1	
o dansit	Examiner	Sequentially list conditions	b	Due to (or es a	CC~0						1 year
o esec		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Dao 10 (01 00 a	0011364461100 0	• /.				1	
Box 68760, seth certificate be executed attending physiclen and for use as the buriel-transit	edical	thet initiated events	c	Due to (or es a o	consequence of	n.				+	
68 iffical	P	resulting in death) Last			501100QBa1100 0	','					
OX ondin use	N/		d								
deeth deeth e atter	Sicia	Pert II. Other significant condition	s contributing to death bu	it not resulting li	n the underlying	r cause civ	en in Pert I	23h Did t	obacco use con	stribute to	the causs of death?
acht the	Physician		o don modeling to double bu	at not rooding in	i the underlying	y cause giv	off art off f.	103	/		bably 4 Unknown
S, F es that igned 1 be det	by P							-   '''		•	,
C = 07 %								24e. Wes	an autopsy med?	24b. We	ere autopsy findings
ecor lew requi	pie									of c	allable prior to mpletion of cause deeth?
The level at the hese page 2	Completed							101	es 2 No	10	Yes 2□No
Vital I	BeC	25. Wes case referred to medical					26. Plece of D	eeth (Check only o			
of Vita Physicien: this certific ral director,	ToB	axaminer?	Hospitel:	nt 2 ER/Ou	utpetient 3 🗆	DOA Oth	er.	Home 5 ☐ Resid		ar (Snacih	/)
Physerthis		27. Menner of Death	28a. Dete of injur	y 28b.	Tima of	28c. Injur Wor		-	ow Injury occurr		,
O ding	tio	1 ☑Netural 5 ☐ Pending 2 ☐ Accident investige	(Month, Dey	Year)	njury M		Yas 2 □ No				
Division of Vital Re to a to a transfer or attending Physicien: The it after deeth.  Director: After this certificate he time by the funeral director, page	Certification:	3 Suicide 6 Could no determin	ed 286. Place of inju	ıry - At home, fe	rm, street, fect	ory, offica		28f. Location (S	treet and Number	er or Rura	l Floute Number,
d page	e	4 Homicide	building, etc	:. (Specity)				City or Tow	m, Stete)		
Division  To the Hospital or Attending I within 24 hours after deeth.  To the Funeral Director: After completely filled in by the fune	Medical C	29e. Certifier 1 Certifying (Check only one) 2 Medical E	Physician: To the best of kaminar: On the besis of end manner ste	examinetion en	death occurre	ed at the tir on, in my o	me, dete end piac plnion, deeth occ	ce, and due to the coursed et the time,	cause(s) and me deta end piece, a	nner as st and due to	eted. the cause(s)
ithin of the	N N	29b. Signeture and title of certifier	O CONTRACTOR STORY	/	, 9	9c. Licans	a number	T	29d. Data signed	(Mónth	Day Year)
8484		not s	-ll- 1	physic,		1146	1282		0/11	16,	
		,	/	/		777	100)		0/27	76	11 6
		30. Name and eddress of person w	A collect	eeth (Item 23e)	(Type, Print)	)	le	12 N	7		
		21 Date filed (Month Day York)	HELIMERY	DVI	مين	Der	ell	141)			
S Reals	itate strar	31. Dete filed (Month, Dey, Yeer)	9 1006 KL/	or's Signeture	Redu						



State of Maryland / Department of Health and Mental Hygiene

ITEM#8 PER. INFMNT. FILM#G742 12-17-96 J.A Cartificate of Death 2. Date of Death 3. Time of Death

**Physician** /Medical Examiner

Director

Funeral

à

Completed

2

**Funerai** Director

r than "natural", or items 23s or the Medical Examiner must be n

vith and Mental Hygiene.

77 is marked off permit. Pages 1 and 2 should Department of Health and Mani mportant: If them 27 is merited Injury or

Maryland 21215-0020 ADDRESS SAME AS ABOVE Saltimore, 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 1X Burial 2 Cremation 3 Removel from State SPRINGHILL MEMORY GARDEN 8-29 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fugural Service Licenses 22. Neme end Address of Facility 1213 JERSEY ROAD: 23a Part Enter the disease, or complications that caused the Physician Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner Due to (or as a consequence of): physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest HYPORTONSION Box 68760 the death certificate be Physician/Medical attending p Part II. Other significant conditions confributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. GULLIN-BARRE SUNDRUMES signed I à Completed has 25. Wes case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospitai: Certification: To 1 | Yes 2 | 9-No 2 ER/Outpatient 3 DOA 28a. Dete of fnjury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 5 Pending investigetion 1 Neturel i or Attending after death. Director: After 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide Piaca of Injury - Al home, farm, streef, factory, offica building, etc. (Specify) filled In by 4 Homicide To the Hospital of within 24 hours at To the Funeral Discompletely filled it 29a, Cartifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner as atated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stefed. 29b. Signature and fitte of certifier 29c. License number Richard E. Buil MP D-22132 0 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) KICHARD E-BIRD 22. Registrer's Signeture 31. Date filed (Month, Day, Year) State AUG 291996 Registrar **DHMH 16 Rev 6/95** 

1. Decedent's Name (First, Middle, Last) 25 1996 J. BIRCKHEAD AVG 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO H Under 1 Yeer If Under 24 Hrs. B. Date of Birth Months Deys Hours Min. B. Date of Birth APR. 14, 1931 (State or Foreign Country)

HF BRON. MD. 5. Social Security Number 7. Age (In yrs. last birthday) Months 1√2 M 2□ F 213-22-7920 66 HEBRON. MD. Usual Residence of Decedent 10s. State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 ☐ Yes X ☐ No QUANTICO WICOMICO MD. 10e. Streef end Number 10g Citizen of What Country? 10f. Zin Code 21856 22089 ROYAL OAK ROAD 12. Was Decedent Ever in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritai Stetua 14. Race - American Indien. Bieck, White, etc. 1√ Yes 2 No If Yes, Give KOREAN Yeer or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: BLACK. 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) LABORER ALBAN TRACTOR CO. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) MARVIN BIRCKHEAD SARAH WATERS 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 20c. Location - City or Town, State HEBRON, MD. JOLLEY MEMORIAL CHAPEL SALISBURY, MD. 21801 ath Do not enter the mode of dying, such as cardiec or respiretory arrest, & ACUTO MYOCARDIAZ INTARCTION HOUR 11150150 1 45 m

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was en eutopsy performed?

24b. Were autopay findings available prior to completion of cause of death?

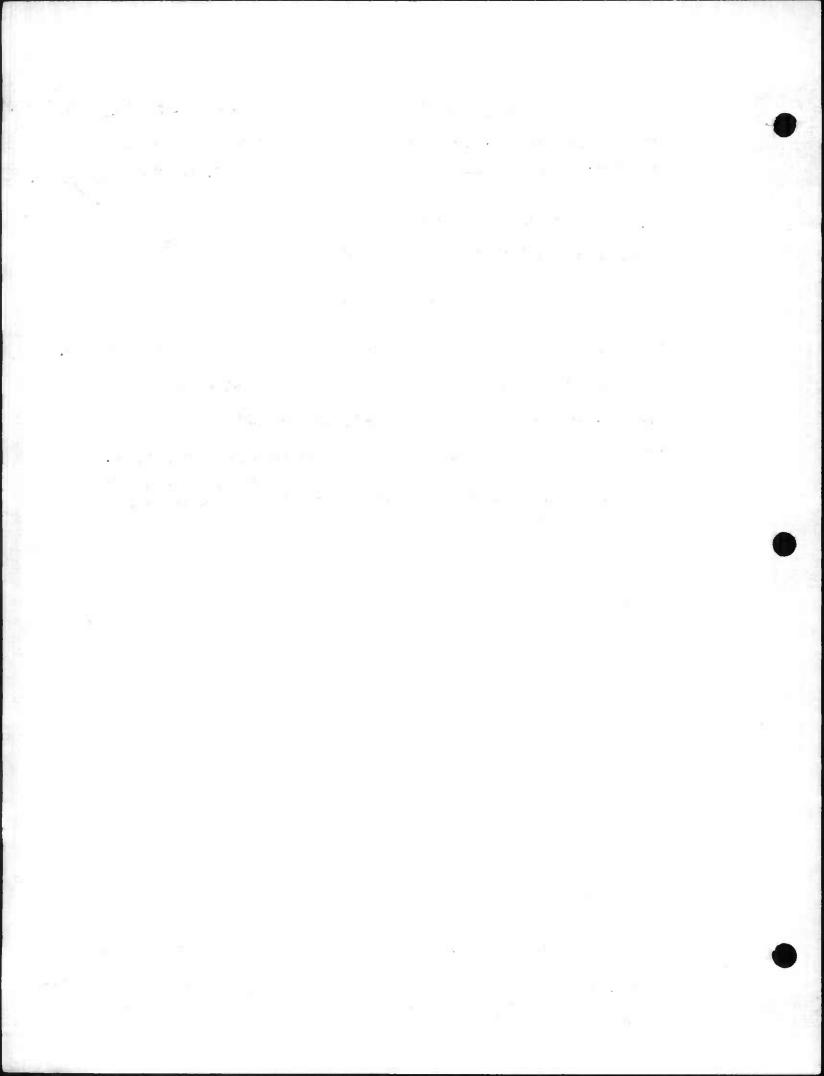
1□ Yes 2 No

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State)

> 29d. Date signed (Month, Day, Year) 8-25-96

M.D. 560 RIVORSIDE DR. B-204 SALISBURY MD 21801



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** FREDERICK LEE BATCHELDER 1996 2300 WRS Aug /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Berlin, md. WORCHSTER ATLANTIC Gen Hosp 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 12M 2□ F 56 Yrs 043-30-1564 Conn. Director Usuel Residence of Decedent with the Meryland 10e Stete 10b. County 10c. City, Town or Location r 28a-f show 10d. Inside City Limits md. 11212 SHARPTOWN Rd. MATDELLA Springs 1 ☐ Yes 2 No Director Wic 10e. Street end Number 10g. Citizen of What Country? an "natural", or items 23s or Medical Exposiner must be r 31837 11212 SHARPTOWN Rd Pages 1 and 2 should be filed within 72 hours after death nent of Health end Mental Hygiene.
ant: If Item 27 Is marked other than "natural", or Items 23. Funeral 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 1 7 6s 2 No If Yes, Give Yeer or Detes: 1957 - 1976 1 Never Merried 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify. Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) TOUNE TOYOTH 7 is marked other the traumatic event, the SERVICE TECH 12418 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) BEATRICE MEYER William BATCHELDER 2 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) DORIS BATCHELDER / WIFE 11212 SHARPTOWN Rd MARTEUR Springs, Md 21837 permit. Pages 1 and Department of Health Important: if Nem 27 any Injury or other tr. 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 8/28/96 SALISBURY, Mcl. 4 ☐ Donetion 5 ☐ Other (Specify) SAUSBURY Creamastry 21. Signeture of Funerel Service Licenses 22. Neme end Address of Fecility Messick Forwird Home PO BOX 61 C Teniffessitio MOOHIL BIVALUE, Md. 31814 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed attending physician and for use es the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveilable prior to completion of cause of death? 24e. Wes an eutopsy performed? page 2 s 2 No 1 □ Yes 2 □ No Hospital or Attending Physicien: funeral director, 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation 24 hours after death.

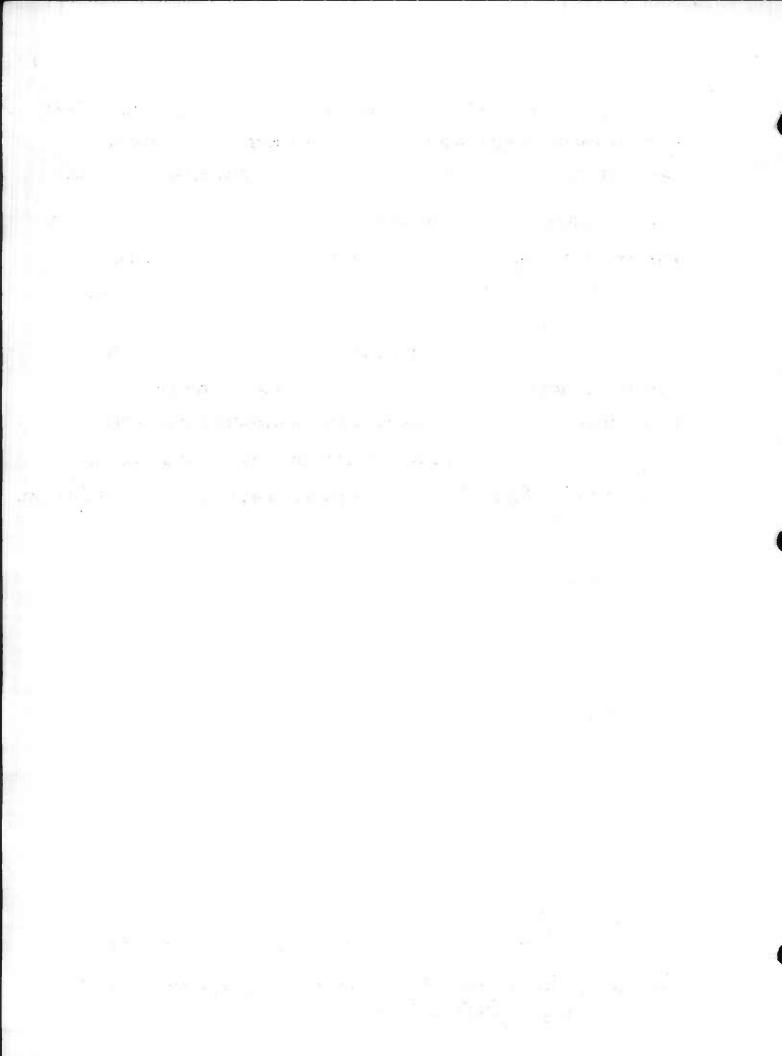
Funerel Director: At 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 6 Could not be Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier 1 🖸 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) and menner es stated. Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. ion, nr..., 29c. License number 29b. Signisture and fille of certifie 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Atlantic General Hospital 5chmits, 9733 Healthway Dr Berlin, MD 21811 Walter R. 31. Dete filed (Month, Dey, Year) AUG 2 9 1996 State Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 3

							Cer	tificate of	Death			Reg. No.			
Phys /Me	ician dical	Decedent's Name (First)	BR	ENDA	RAYI	NE		Bund			2. Date of De Month	Day 3/	ger G	3. Time of	0
	niner	4a. Facility Name (if not in:	stitution, give	e street end n	umber)					wn, or Lo	cation of Deel	h 4c. County	y of Death		
		PENINSULA F	REGION	AL MED	ICAL (	CENTER	2			SBUR	Y	WI	COMIC	00	
Funer	al	5. Social Security Number	6. S	ex □M 25x1F	7. Age (In	yrs. last bir		If Under 1 Year Months Days	if Under Hours	24 Hrs. Min.	8. Date of Bid (Month, De	th ev. Year)	9. Birthp	olace (Stete o	or Foreign
Directo	or	219-44-1923		LIM ZULF		51	Yrs.				JAN.	, 1945		MD.	
B .		Usual Residence of Deced	lent County		10	o City Town									
aryla shor	Ļ				10	c. City, Tow								I0d. inside Ci	
M e M	일	MD. WI	COMIC	0		SALI	SBU	RY		_				1 L Yes	2/ No
# P P	Director	10a. Street and Number						10f. Zip Code				10g. Citizen of	What Cour	itry?	
23e		5353 ROYAL	MILE	BLVD.				2180	1			U.	S.A.		
das das	Funeral	11. Maritel Stetus		12. Wes De Armed F	cedent Ever	r in U,S.	13. V	Vas Decedent of H Yes, specify Cub	lispanic Or	igin? (Spe	ecify Yes or No		ce - Americ		
21215-0020 3 within 72 hours after death with the Maryland Jene. Then "natural", or items 23s or 28s4 show my Madded Examine must be notified as		1 ☐ Never Married 2	Married		2 X No Sive			☐ Yes 2 No	Specify		r nouri, oto.,				
ours ours	1 by	3 ☐ Widowed 4 ☐ Di	vorced	Year or	Dates:			L 100 200110	Specify.			Specif	y: WI1.	LIE	
5-6 72 h 72 h	Completed	15. De	ecedent's Ed	lucation de compieted	4)	16e.	Deced	ent's Usuai Occup	ation	t of work	ina	16b. Kind of B	usiness/in	dustry	
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		JAMIE TAYI	OR			6	06	E. COLLE	GE AV	E., S	ALISBU	RY, MD.	2180	1	
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Baltimore, pemit. Pages 1 ar Department of Hea important: If Item 2 any injury or other		Buriai 2 ☐ Crem			n State						0/2	LITTIAD	DC 1	(I)	
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cord v require been si	lete										perf	ormed?	00	allable prior t impletion of c	cause
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P Fu	edical	(Check only 2 Me	dical Exam	end ma	basis of exa nner steted.	mination an	d/or Inv	estigetion, in my o	pinion, dee	th occurr	ed at the time,	date and place,	and due to	the cause(s	()
lo th	Z	29b. Signature end fittle of	certifier					29c. Licens	e number			29d. Date signe	ed (Month,	Dey, Year)	
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WI		30. Name and address of p	PISUTI WITO C	ompleted cal	use or death	(ILEAL 538)	iype, l ⊸. ∕	P 1.	1 1	1	1	1.0.10	1	2/1	
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Plea	ase Type or State	Print in									_	ible.	279	168
		,			tificate					Reg. I				
1. Decedent's Neme (First, Midd	le, Last)								2. Dete of D	eeth			3. Time	of Deeth
Edward Barrett									Septe		Day	1996	2:4	5 P.
4e. Fecility Neme (If not institution	n, give street and n	umber)				4	b. City, To	wn, or Lo	cation of Dea			y of Deeth		
VA Maryland Hea	alth care	Syster	n				BALT	IMOR	E		Non	NE		
5. Social Security Number 579-42-8574	6. Sex 14201M 2□ F	7. Age (In y	rs. lest birtho		If Under 1 N Months D	ear lays	If Under Hours	24 Hrs. Min.	8. Dete of B (Month, I Nov 3		ar) 930	9. Birth Cou Was	plece (Stete ntry)	or Foreign
Usuel Rasidence of Decedent		10-	A1 . T.	. 1	- 41									
Maryland Prince	ce George		City, Town o		ation								10d. inside 1 □ Ye	City Limits
10e. Street and Number 8905 Clayton	Lane				10f. Zip Co		735					What Cou		
11. Meritel Stetus		cedent Ever in	n U.S.	13. W	es Deceden			ain? (Spe	ecify Yes or N		1		can indien,	
1 ☐ Never Merried 2 ☐ Mar	Armed F	orces? 2 ☐ No		16	Yes, specify	Cuba	n, Mexicer	, Puerto	ecify Yes or N Ricen, etc.)			ck, White		
3 ☐ Widowed ★XDivorced	II res. G	ive Detes: KO1	rea	1	☐ Yes 2X	No	Specify:				Specia	ty: T	White	
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19a. Informent's Neme/Reletion: James V. Barr	(00)	1)							el Route Num					
20e, Method of Disposition  1 X Buriei 2 Cremetion 4 Donetlon 5 Other (5	3 ☐Removei from	Stata	b Diago of D	ispos crem	ition (Neme e tory or othe	of r plec	e) Sep	£ 9,	1996	20c.	Cocation	- City or T	own, Stete	bee!
21. Signeture of Funerei Service			77101					46	Funera					
1 tail	a. M	off		Ale	exandr	ia	Ferry	y Roa	ad, Cl	into				
23a. Part / Enter tha disaasa, o shock, or haart fallura. List	complication hat only one cause on	causett.the de a ech line.	eeth. Do not	ente	r the mode o	f dyin	g, such es	cerdiec o	or respiretory	arrest,			Approxim Interval B Onset an	etween
immediate Cause (Final disease or condition resulting in deeth)	e. Pneur	nonia	- 1										3 wee	eks
	Adon		o (or as a cor			na						i	9	+ h =
Sequentieity list conditions, if eny, leading to immediate	b. Aden	ocarcii Due to	o (or es e cor		1	ng							8 mor	iths
ceuse. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Last	C	Due to	o (or es e con	sequ	ence of):							i	_	
	d											1		
Part II. Other algnificant condition	ons contributing to	death but not	resulting in th	ne und	derlying ceus	se giv	en in Pert				2 No	ontribute	,	of death?
	7-1								24e. We	es an eu formed		8.	Vere autops veilable prio ompletion of deeth?	rio
									10	Yas	26 No	1	☐ Yes 2	□ No
25. Wes cese referred to medice examiner?	1					Lesson	26. Piece	of Death	(Check only	one)		-		

Medical Certification: To Be Completed by Physician/Medical Examiner To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

**Physician** /Medical

Examiner

**Physician** /Medical Examiner

**Funeral** 

Director

permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Meryland Department of Heelth and Mental Hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-f show eny injury or other traumatic event, ma Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

To Be Completed by Funeral Director

				-	
				24e. Wes an eutopsy performed?	24b. Were autopsy findings aveilable prior to completion of cause of deeth?
25. Wes cese referred to medical					TLI Tes 2LINO
examiner?			26. Pieca of De	eath (Check only one)	
1 ☐ Yes 2 ☑ No	Hospitel: 1 ☑ Inpatient 2 □	ER/Outpatient 3	DOA Other: 4 Nursing	Home 5 ☐ Residence 6 ☐ Oth	er (Specify)
7. Menner of Death 1 12 Neturai 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of injury (Month, Dey Year)	28b. Time of injury M	28c. injury at Work? 1 Yes 2 No	28d. Describe how injury occur	red
3 Suicide 6 Could not be datarmined	28e. Plece of injury - At h building, atc. (Speci	ome, ferm, street, fact	ory, office	28f. Location (Street and Numb City or Town, Stete)	per or Rural Route Number,
29a. Certifier 12 Certifying Ph	ysician: To the best of my kno	owledga, daeth occurra	ad et the time, dete end pied	ce, end dua to the ceuse(s) and ma	anner as stated.

PO 9663

2 Medicel Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and mannar stated. 29b. Signeture and title of certifier

29d. Date signed (Month, Day, Year) 29c. License number

4,1994

30. Neme end eddress of person who completed ceusa of death (Item 23a) (Type, Print)

Ronald San Juan, M.D., 10 North Greene St., Baltimore, MD 21201 31. Dete filed (Month, Dey, Year) SEP 1

State Registrar

32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene 96 27969

						Certific	cate of	Death	,	Reg. No.		-1505
P	Physic	ian	Decedent's Name (First, Middle,			2			2. Date of De	eath Day	Vear	3. Time of Death
Į.	/Medi		_/////	argaret		DRO	045		Septem	sen 9	1996	4:25 A
	Exami		4a. Facility Name (If not institution,	give street and number)	. 1 //	1	, ,	4b. City, Town, or L	ocation of Deel	th 4c. County	of Death	4.
			Southern 1.	Marulan	d Ho	25P1t	21	ZIINK	W	KRIN	10 1	Leonge
	Funeral Director		054-07-6275	1. Sex	e (In yrs. lest bii 6	Yrs. If U	nder 1 Year ths Deys	if Under 24 Hrs. Hours Min.	8. Dete of Bi	71909	9. Birthple Count Ashle	ece (State or Egreign
	put *		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Tow	m or Location					140	44.44.00.44.5
	sho	5		George's		p Spri					10	od. Inside City Limits  1 ☐ Yes 2 🛣 No
	the N	Director	10e. Street end Number	George 5	Call					40 - 011 41		
	ath with 23e or wat be		6722 Edgemere				ZIp Code 2074			10g. Citizen of U.S		ry7
Maryland 21215-0020	in 72 hours after death with the Maryland 1 "natural", or items 23s or 28s-f show tedical Examines must be notified at	d by Funeral	11. Marital Status  1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☒ N If Yes, Give Year or Detes:	Ever in U,S.		ecedent of I specify Cub es 2 ⊡No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	5 Specif	ce - America ck, White, a by: Whi	itc.
5	72 h metu	ete	15. Decedent's (Specify only highest)	Education grade completed)	16e	Decedent's	Usuel Occup f work done	pation during most of work d)	ina	16b. Kind of B	usiness/Inde	ustry
121		Completed	Elementery/Secondary (0-12)	College (1-4or 5-	+)	life. DO NO	OT use retire	nd)				
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and	ouid be f Mental It arked or attic eve	Be	17. Father's Name (First, Middle, La					18. Mother's Nem				
Š	d 2 should be filed th and Mental Hyg 7 le marked othe traumatic event,	10		udock				Ali		Fedor		- 2.
Ma	d 2 shoth and 7 le material		19e. informent's Name/Rejetionship		2			e Drive C				
	1 an Healt		Margo Brooks L  20e. Method of Disposition	Heureux			_		Date Date	20c. Location		
Baltimore,	8 2 2 2		XBuriel 2 ☐ Cremation 3		20b. Piece o cemete							
ij	Semit. Pa Separtmen mportant: iny injury		4 Donation 5 Other (Spe	-	Resur			etery Sep				
Ba	permit. Pag Department Important: I any Injury o		21. Signature of Funeral Service Lic	1				ess of Facility L Alexandri		ral Hom		
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и	/Medical Examiner		Immediate Cause (Finel disease or condition	Boil	ale	ort	r	nom	m		-	Like
п	LAMINITE	L.	resulting in death)	1	Dugito (or as a	consequence	of): -	. ,				17
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of Vital Records,	w requires that been signed t should be det	Completed							24a. Wes	an autopsy ormed?	ava	re autopsy findings liable prior to
ec	W 01 CA	ple									of d	npletion of cause laeth?
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	ding Ph th. After th funeral		27. Manper of Death 1 ☐ Neturat 5 ☐ Pending	28e. Date of Injury (Month, Day	Year) 28b.	Time of njury	28c. inju Wo	ry at	28d. Describe	how injury occur	red	
Sio	Attending or death. Sector: After by the fune	ati	2 Accident investigat	ion		М		Yes 2□No				
Division	or Attendate deat Director:	Certification:	3 ☐ Sulcide 6 ☐ Could not determine		ry - At home, fa . (Specify)	rm, street, fe	ctory, office		28f. Location ( City or To	(Street end Numi wn, Stete)	per or Rural	Route Number,
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	To the To the Com	Σ	29b. Signeture and fille of certifier		11		29c. Licens	se number		29d. Date signe	id (Month, D	lay, Year)
			Man.	NMD	XIII,	11/10		2W5	35	9	101	96
			30. Neme and addrass of person wh	o completed cause of de	ath (Item 23e)	(Type, Priot)	d	-1)	- 3		1,71	10
			LAXMINI BA	RWAMP	100 01	1 Bo	ANIC.	4 AUD	0-101	PlINI	hus	us)
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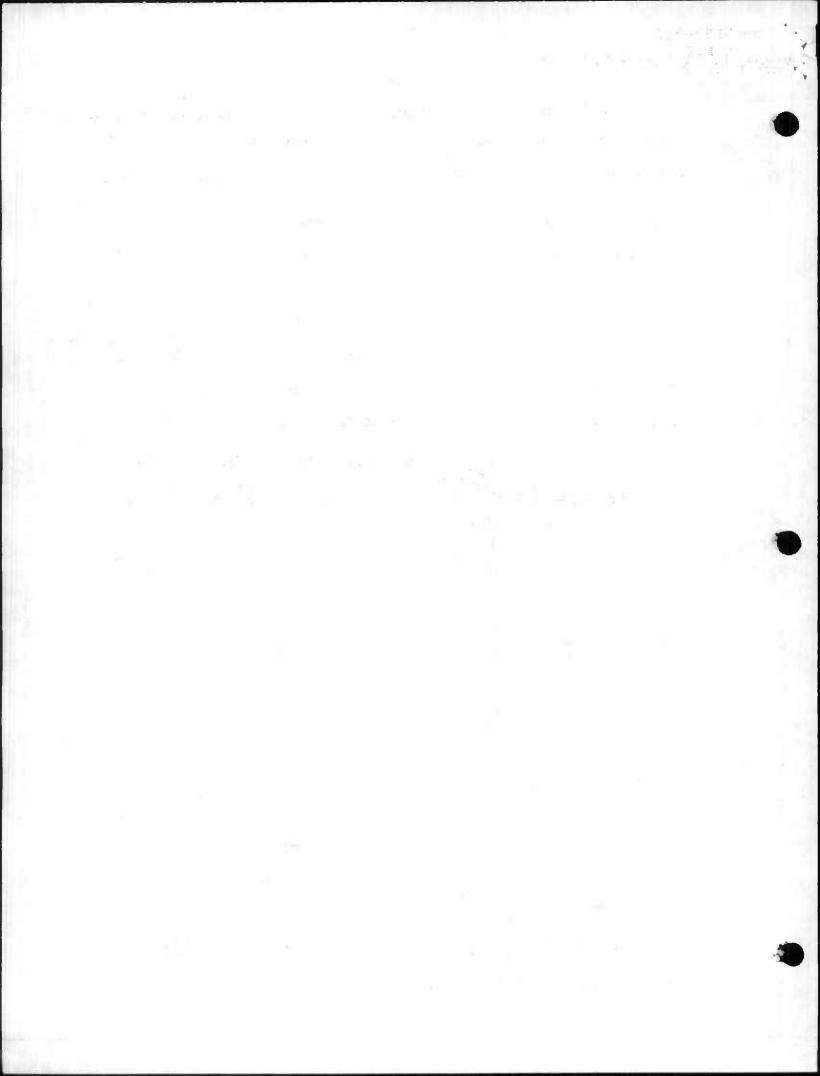
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State Registrar

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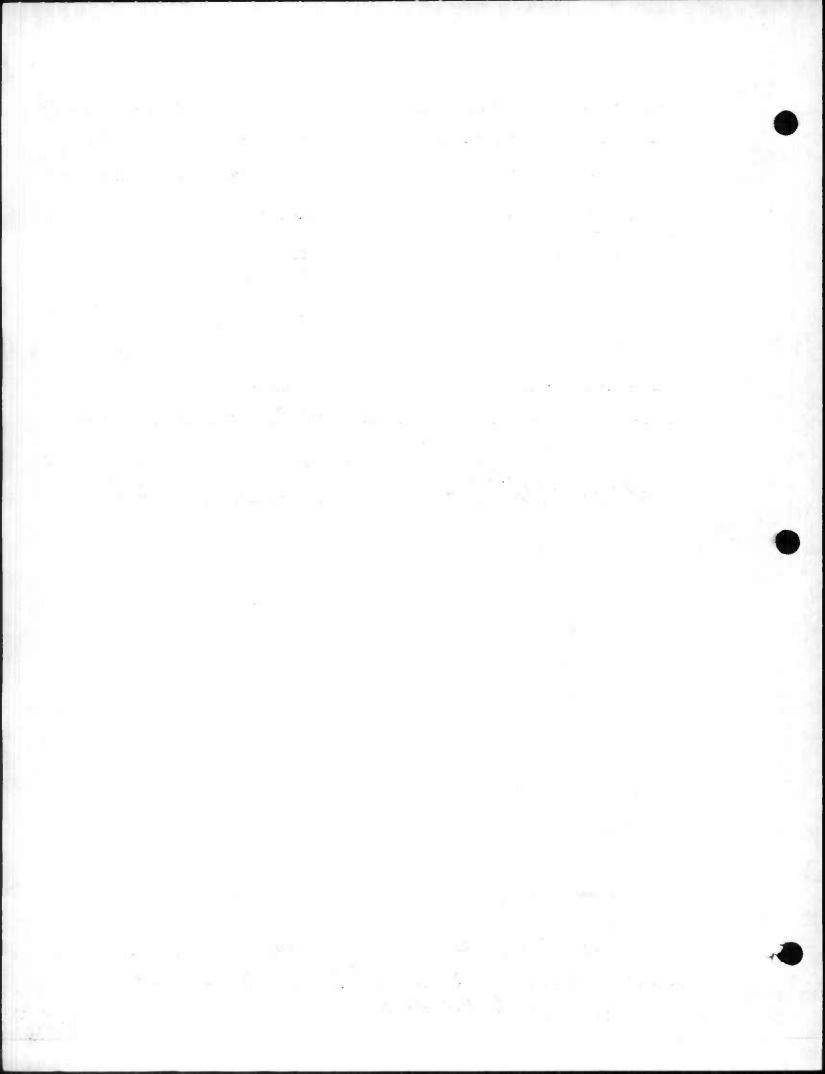


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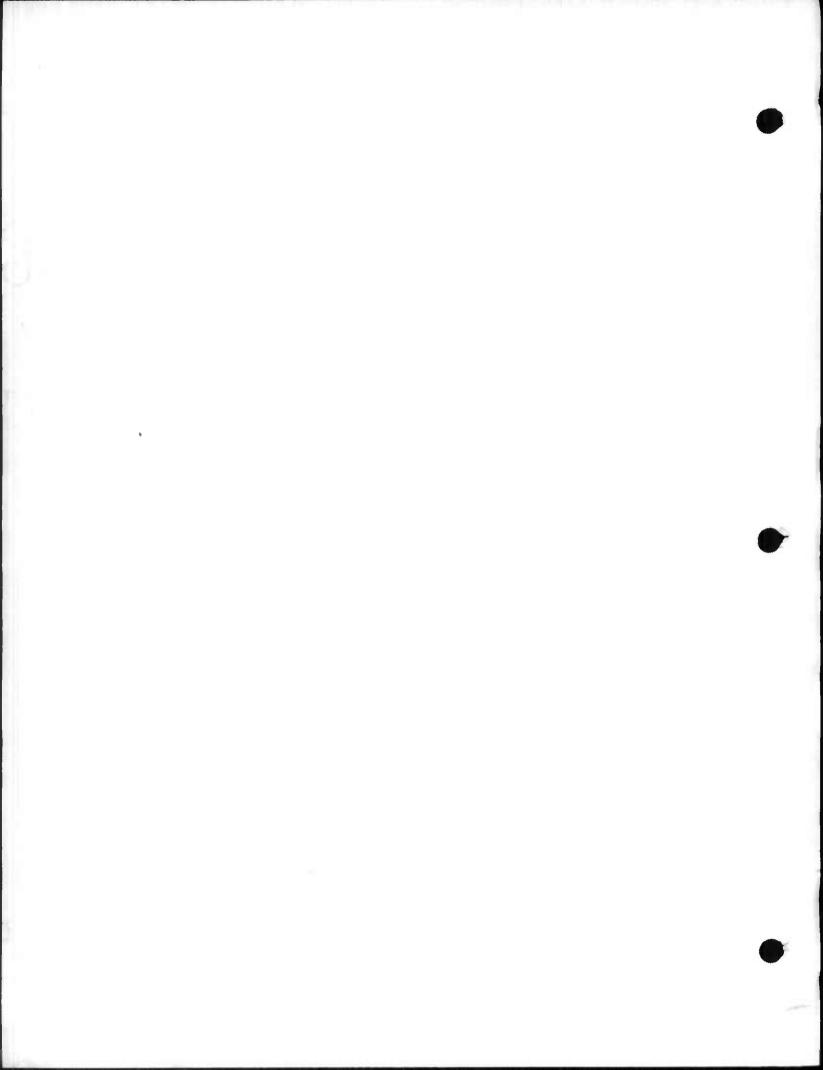
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 0548 MARIE CORA BROWN Back 9 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Carroll County General Hospital Westminster Carroll | If Undar 1 Year | If Undar 24 Hrs. | North | Days | Hours | Min. | S. Date of Birth (Month, Dey, Year) | Feb 25, 1926 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral**  Birthplaca (State or Foraign Country) 1□M 2□F Director 171-20-2725 Yrs. Pennsylvania Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified Pennsylvania Berks Director Boyertown 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8 "natural", or items 23a 430 Rhoads Avenue 19512 USA 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes ⊆ ☑ No If Yes, Give Year or Datas: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Raca - Amarlcan Indian, Pages 1 end 2 should be filed within 72 hours efter neart of Health and Mentel Hygiene. ant: If Item 27 is merked other than "natural; or item ury or other traumatic event, the Medical Energia. Ury or other traumatic event, the Medical Energia. Bleck, White, atc. 1 ☑ Never Married 2 ☐ Marriad altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: by Specify: 3 Widowed 4 Divorcad White Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) Clerk K-Mart 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surnama) Be (unknown) Brownback Verna Martin 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Robert L. Brownback- son 742 Morris Road, East Greenville, PA 18041 20b. Place of Disposition (Neme of cametery, crematory or other place) 20a. Method of Disposition 20c, Location - City or Town, State permit. Pages 1 Department of H Important: If Ite any Injury or ot 1 ☐ Burial 2 【Cremation 3 ☐ Removal from State 4 Donation 5 Other (Specify) 9/7 Carroll Cremations Hampstead, MD 21074 21. Signatura of Figural Service Licensee, 22. Name and Address of Facility Eline Funeral Home 934 S Main St, Hampstead, MD 21074 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or haart failure. List only one cause on each line. Approximate Interval Betw Onset and Death **Physician** Immediate Cause (Final diseasa or condition resulting in death) /Medical Examiner Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detected for use as the burnal transmit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Chronic Obstructive Pulmonary Disease P.O. Box 68760. Due to (or as a consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Colon Division of Vital Records, ģ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? 1□ Yes 2☑ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) Certification: To 1 Yas 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Suicide 28a. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 C Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai (Check only 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) D41401 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Michelle D. Thuras MD General Hospital Carroll County 200 memorial Dre Westminster S2. Finistrar's Signature 31. Date filed (Month, Dey, Year) State SEP 0 9 1996 Registrar



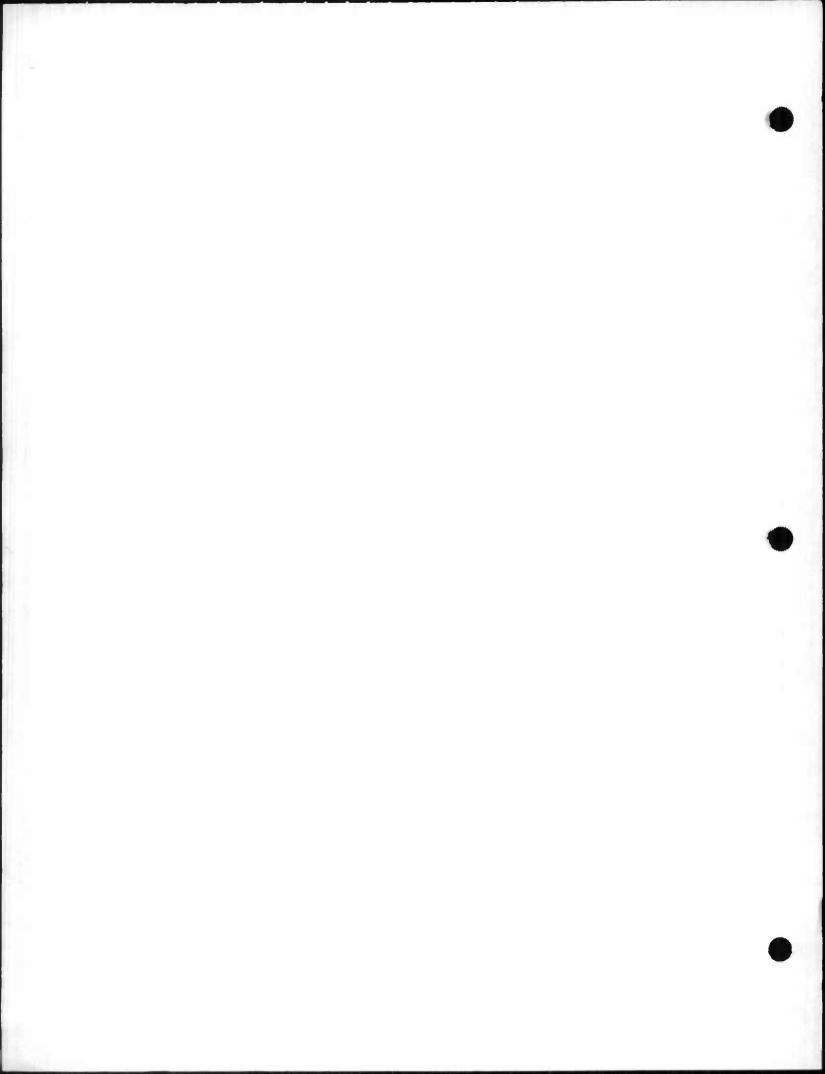
		1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND TE OF DEATH	MENTA	L HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last	Ruth Anne Bla	ankenship		2. DATE MONT Sept		199	AR	TIME OF DEATH	-
P		4. SOCIAL SECURITY NUMBER 578-56-8532		n yrs. last birthday) if U	NDER 1 YEAR IF UNDER 24 HRS HS DAYS HOURS MIN.	7. DATE	OF BIRTH h, Day, Year)	8. 9	SIRTHPL/	ACE (State or Foreign	
2, 3 should	TOR	SECULTY NAME (If not institution, give 5/60 Glen Oak Tu SHADY CROVE A	street end number) TN DVENTIST HO		city, town on Location of New Market			Fred	OF DEAT	Н	
t. Pages 1,	DIRECTOR	10e. STATE 10b. COUN	derick	New Ma	wn on Location arket					I. INSIDE CITY LIMITS?	7
1. Insit permit.	ERAL	5760 Glen Oak	Turn		101. ZIP CODE 21774		1	U.S.	OF WHA	T COUNTRY?	Ì
21215-0020 al or attending physician. for use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 X NO Spe	icen, Puerto			RACE Black, W Specify:	American Indien, hite, etc. White	1
F 5 3	ETED.	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		18e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working	168	. KIND OF BUSIN	ESS/INDUST	RY	***************************************	Ī
	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Library 1	technician			-	alth	science	es
YLA by the be deta	BE CC	Ben L. Dietzel					Middle, Malden Su banks	rname)			
MARYLAND retained by the hospit 5 should be detached notified at once.	0 8	19e. INFORMANT'S NAME (Type/Print)			RESS (Street end Number or Rur						_
ORE, I 6 may be of ctor, page 5		Thomas D. Blank	20h	PLACE AND DATE OF DIS	en Oak Turn,	New M		MD 2	1774		_
MOR age 6 ma director, p		1 Burlet 2 Cremation 3 Red 4 Donetion 5 Other (Specify)	movat from State Can	rroll Crematory or other plants	ation, Inc.	9/1	Hamps	tead,	MD		
BALTIMORE, i after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE L	Jorky- Ston	Gus	22. NAME AND ADDRESS OF Libert	ytown	Hartzle , MD		era1	Home	
tely filled in mation, or re		23. PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. METASTA	ATIC GA						Approximata interval Betwee Onset and De	sth
BOX 6876 ficate be executed physician and corr ne prior to burial, ver traumatic ex	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	CONSEQUENCE OF):  CONSEQUENCE OF):							
ADS it the d by the and Mer	- 11	PART II. Other eignificant condition	d	ut not resulting in the	undarlying couse given	in Part i.	24s. WAS AN AU PERFORME			RE AUTOPSY FINOIN	GS
RECO requires the of Health shows an	MEDICAL	DID TOPACCO LIST COAT	EDIDLITE TO CALLEE OF	P DE ATIL VICE T			1 - YES 2 D	No	OF	MPLETION OF CAUSI DEATH? YES 2 NO	E
ITAL R I': The law icate has bo State Dept.	PHYSICIAN:	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	6. PLACE OF DEATH (Ch		AIN L					_
PHYSICIAN: The this certificate with the State inked, or item	IYSIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output	etlent 3 DOA 4 D	HER: Nursing Home 5 A Residence	7					
PHYS This c		1 Naturel 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. DE	CRIBE HOW INJU	JRY OCCURE	D		
DIVISION OF VITAL  DR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has in hours after death with the State Dept Item 28 is marked, or item 23	TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	26e. PLACE OF INJURY building, etc. (Special	At home, farm, atreet,	fectory, office	28f. LOC City	ATION (Street and or Town, Stete)	Number or Ri	ural Route	Number,	
DF SPITAL DR NERAL DIRI NI 72 hour NT: If Itom	COMPLETED		SICIAN: To the best of my knowle ER: On the besis of examination						use(s) en	I menner es stated	
DIVI TO THE HOSPITAL DR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2	TO BE C	294 SIGNATURE AND TITLE OF CENTRAL	ruderch	M	29c, LICENSE N	L36				nth. Day. Year)	
	-	Carolyn B. Hendr	icks, 10605 C	Concord St.	, Kensington	, MD	20895				
		SEP 04 19	96 Julia divide	or Rawfall							



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Naomi	Blockston			August 29		EAR
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. In:		R 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
- 7	214-30-3330	1 □ M 2 🖫 F   87	YRS. MONTHS	DAYS HOURS MIN.	April 7,		Country)
	9a. FACILITY NAME (If not institution, give street		9b. CIT	Y, TOWN OR LOCATION OF		1909 1	Maryland
DIRECTOR	27770 Bullock Road			Federalsbur			aroline
E	10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
	Maryland Carol	ine	Fede	eralsburg			LIMITS?
A	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EH	27770 Bullock Road			21632			U.S.A.
FUNERAL		12. WAS DECEDENT EVER IN U.S. AF		WAS DECENDENT OF NISPA	ANIC ORIGIN? (Specify Y		. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 YES 2 XI	NO	If yes, specify Cuban, Mexic 1 ☐ YES 【☐ NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	en, Puerto Rican, atc.)		Black, White, etc.  Specify:
	3/E Wildowed 4 Divorced					C	aucasian
핃	15. DECEDENT'S EDUCA (Specify only highest grade co		ECEDENT'S USUAL C	CCUPATION during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	b. Do NOT use retired.)				
₹	8		Homemaker			Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malde	7 Surname)	
BE	Robert Mc	Clement Jester	r	R	osa Lee W	heeler	
9	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILINO AODRES	S (Street and Number or Rura			de)
	Mary Werner	Daughter 97	258 Bloxe	m Road, Den	ton, Marvi	and 2	1629
	20e. METHOD OF DISPOSITION  20 Burlai 2 Cremation 3 Remove	20b. PLACE	AND DATE OF DISPO	SITION (Name of		OCATION City	or Town, State
	4 Donation 6 Other (Specify)	Dento	on Cemete		8/31 D	enton.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	isen/) //	22.	NAME AND ADDRESS OF F	ACILITY		THE TOTAL
	6 Kreudes	4-1110012		Moore Funera			
	23. PART 1. Enter the disesses, or cor	nolications that caused the de	esth. Do not sate	the mode of dylan ev	ond St., D	enton,	Maryland 21629
	SNOCK, OF REST ISHURE. LIS	st only one cause on sech line	э.				Interval Between
	disesse or condition resulting in death) s.	Metast	atic	breas	st Ca	NCE	21
	_	DUE TO (OR AS A CONSE	OUENCE OF):				
NO	Sequentially list conditions,						
F	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
CERTIFICATION	CAUSE (Disesse or Injury C.	DUE TO (OR AS A CONSE	OUENCE OD				
Ē	that initiated events resulting in death) LAST	DOE TO (OR AS A CONSEC	OUENCE OF):				
B	d						
AL	PART II. Other significant conditions	contributing to death but not r	resulting in the u	nderlying cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS
5						RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ᇦᅵ					1 TYES	die	OF DEATH?
-							1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
S		IOSPITAL:  Inpatient 2 ER/Outpatient 3	OTHE				
H	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME OF	28c. INJURY AT	28d, DESCRIBE NOW	INJURY OCCUR	FD
	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?			
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At ho	ome, farm, street, fac		261. LOCATION (Street	and Number or E	Purel Bouts Mumber
	4 Homicide 6 Could not be determined	building, etc. (Specify)			City or Town, State	)	toral riodia ivalitosi,
<u> </u>	29e. CERTIFIER						
COMPLETED		N: To the best of my knowledge, de					
8		On the beels of axamination and/or i	investigation, in my o	opinion, death occured at the	e time, data and place, a	nd due to the ca	suse(s) and manner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)
2	James )	color M	0	B3/	376	8-	-30-96
-	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	1- 11			1
	James	DIKPG	420	Tank	ot Sa	2 D	O ATT AAT
			100	1011	-0		700010
	31. DATE FILED (Month, Day, Year) $SEP = 3.96$	32. REGISTRAR'S SIGNATURE		16.1.1	0 0	1 1	2900010



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		4 Ph 1 14 ht 1000 1 have a			Certificate of		-	Reg. No.		- '
Physicia /Medica		Decedent's Neme (First, Middle, Las     James Dearme	*	357			2. Dete of De Month August		Yeer	a of Deet
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how #		Usuel Residence of Decedent  10e. Stete 10b. County	10	0c. City, Town	or Location				10d. Inside	e City Lin
a or 28a-f e	Funeral Director	Maryland Prince G 10e. Street end Number 4201 74th Place	eorge's F	lyattsv	111e 10f. Zip Code 20784			10g. Citizen of W	het Country?	Yes 2□
natural, or items 23a or 28a-f show ortal Examiner must be notified at	by Funera	11. Maritel Stetus  1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Wes Decedent Eve Armed Forces? 1 1 Yes 2 □ No If Yes, Give Yeer or Detes;	or in U,S.	13. Was Decedent of I If Yes, specify Cub		Specify Yes or No- rto Rican, etc.)		- American Indier	٦,
iene. Than "natur Tre Weulcal	Completed	15. Decedent's Edu (Specify only highest gred Elementary/Secondary (0-12)	ucation te completed) Coilege (1-4or 5+)		Decedent's Usuel Occup Give kind of work done life. DO NOT use retire phic Illust	during most of wo	orking	16b. Kind of Bus	Siness/Industry  Government	ent
ed other	Be	17. Father's Name (First, Middle, Last)  James D. Browne			F11-0	18. Mother's Ne	eme (First, Middle,	Maiden Sumeme		
is m	2	19e. Informant's Name/Reletionship (T) Dorothy I. Browne			Meiling Address (Street	end Number or F	Rurel Route Number	er, City or Town, S		
° = 5		20e. Method of Disposition  1 Browlie  20 Browlie  20 Cremation 3 F  4 Donetion 5 Other (Specify)	-	20h Place of I	Disposition (Name of cremetory or other pleton Nationa		Date	00-1		eini
Important: any injury once.		21. Signature of Funeral Service Ligens	//	as h	22. Neme end Addre	ess of Facility	Francis G	asch's S	Sons Fune	eral
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physician end as the buriel-transit	edicai Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	b. Inthon	e to (or es e co	11.	4	aray d	Thu com		
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ALAN G. C. By Hose Curso

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State of Marvla

nd / Department of Health and Mental Hygiene	96	2	7	9	7	CU
Certificate of Death						

Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3 Time of Death **Physician** 24,1996 AUGUST 4:20 pm TRACY THOMAS BROKENBOROUGH /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PRINCE GEORGE'S CO. DOCTORS COMMUNITY HOSPITAL LANHAM If Under 1 Year If Under 24 Hrs.
Montha Days Hours Min. 8. Data of Birth (Month, Day, Year) 1/28/43 Birthplaca (State or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Sax **Funeral** Montha 100M 20 F Yrs. 53 Director 216-40-6650 Usual Rasidanca of Dacedant Wash., D.C. with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examiner must be notified at 1 Nes 2 No D.C. N/A Washington Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4708 Quarles St., N.E. # 2 20019 U.S.A. death v Funeral 12. Was Dacedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: 14. Race - American Indian, Black, Whita, atc. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, apecify Cuban, Mexican, Puarto Rican, atc.) 11. Marital Status Sep permit. Pagas 1 and 2 should be filed within 72 hours after a Department of Haaith and Mental Hyglane. Important: If frem 27 is marked other than "natural", or free any injury or other traumatic avanta. 1 Never Married 2 Marriad Baltimore, Maryland 21215-0020 Black 1 ☐ Yaa 2 No þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant'a Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind of Buainess/industry Eiamantary/Secondary (0-12) Coliaga (1-4or 5+) Mail Clerk U.S. Government 12th 17. Father's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) Alfred Brokenborough Ellowyese Drake 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code 20743 19a. Informant's Name/Relationship (Type, Print) 1307 Early Oaks Ln., Chapel Oaks, Md. Ellowyese Brokenborough/Mother 20a. Mathod of Disposition
1 ☑ Burlai 2 ☐ Cramation 3 ☐ Ramoval from Stata 20b. Piaca of Disposition (Nama of Date 20c. Location - City or Town, State Harmony Mem. Park 8/29/96 Landover, Md. 4 □ Donation 5 □ Other (Specify) 21. Signatura of Funarai Sarvice Licenses 22. Name and Addrass of Facility H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.

23a. Parti. Enter the disease, or complications that caused the death. Do not enter the disease of displications are caused the death. Do not enter the disease of displications are caused the death. Approximate Interval Batween Onset and Death **Physician** /Medical Immediate Causa (Final disaasa or condition resulting in daath) AND NEEK LANCES Examiner Examiner be axecuted physician and tha burial-transit Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants resulting in death) Last Dua to (or as a consequanca of) Box 68760 Physician/Medical Due to (or as a consequanca of): as attending 980 signed by tha a Part II. Other significant conditions contributing to death but not rasulting in the undarlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy parformed? Completed peen has certificata 1 ☐ Yas 2 ☐ No 25. Was case refarred to madical examiner? 26. Piaca of Death (Check only ona) To Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No uneral 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred Certification: 28a. Data of Injury (Month, Day 28c. Injury at Work? Affar 1. Natural 5 Pending death. Invastigation 1 ☐ Yas 2 ☐ No 2 Accident after death Director: / Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, atreet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Yo the Hospital within 24 hours a Toithe Funeral C 29a. Certifian 1 🚰 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year) 29b. Significant and title of certifier 29c. License number TANDONG PHYSURA ku, GAZILAO WAY, KANHAM MX

State Registrar CHIMA

SEP

31. Data filed (Month, Day, Year) 32. Registrar's Signature 03

30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

VANKARARAMAN NI

**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of	Death			Reg. No.			
г	Physic	ian	1. Decedant's Nama (First, Middla, L								2. Data of De Month	eath Day	Yaar	3. Tima of	Death
	/Medi		ROLAND	THOMAS		CANI	WELL	JR	2		Septemb			5:10	0 P.M
À	Exami	ner	4a. Fscility Nama (If not institution, g					1	4b. City, To	wn, or Lo	ocation of Deat	h 4c. Count	ty of Death		
			32594 Morris Le	onard Rd					Pars				comico	)	
	Funeral			Sax 1⊡xM 2□F	7. Aga (In yrs. i		If Undar 1 Months	Yaar Dsys	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da	th y, Year)	9. Birthp	iaca (Stata o	r Foraigr
	Director	1	210-70-0229	ILAM ZUF	74	Yrs.					June 29	, 1922		ryland	
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20	n 72 hours after death with the Maryland *naturel; or itema 23a or 28a-f show edical Examiner must be notified at	by F	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowad 4 🖾 Divorced	1 TYas If Yas, Giv	a WW	II	1 ☐ Yas 2	No	Specify:			Speci	/y: TTL:		
21215-0020	ure!	D		Yaar or D	atas:			_					Wh:		
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			23a. Part . Entar tha diseasa, or cor shock, or haart fallura. List only	npilcations that c	aused the death	. Do not ant	er tha moda	of dyin	g, such as	cardiac o	or raspiratory a	rrest,		Approximate Interval Bet	
Ñ	Physician						l.		^					Onsat and [	Death
	/Medical Examiner	١.	Immediete Causa (Final diseasa or condition	. Me	tostat	we	ume	\	(cm	an				4m	6
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Box		ian		U									i		
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P.O.	d by	Ph									100	Yes 2□ No	3 Prot	cebly 4	Unknow
	w requires that been signed to should be det	by													
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9	has by 2 st	ple											of e	mpletion of codesth?	ause
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Division of Vital Records,	Attending Physician: The result.  ector: After this certificate by the funeral director, par	Be	25. Was casa raferred to medical axaminar?						28. Place	of Death	h (Check only	ona)			
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<u>×</u>	America by th	tific	3 Suicida 6 Could not l 4 Homicida determined	28a. Placa	of Injury - At ho	ma, farm, str	eat, factory,	offica			28f. Location ( City or To	Street and Num	ber or Rura	/ Routa Num.	ber,
Ξ	o del più	Certification:		Januar	ig, aio. (opooily	,					Only or To	my Dialey			
	hour hour ily fill		29e. Certifiar (Check only Medical Exa	hysician: To tha	best of my know	viadga, death	occurred et	tha tin	na, data an	d piaca,	and dua to tha	causa(s) and m	annar as st	ated.	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only one) 2' Medicai Exa	minar: On the be and man	isis of axaminat har stated.	ion and/or in	vastigation, it	ı my o	pinion, daa	in occurr	ed at tha lima,	gata and place	, and dua to	tna cause(s	)
	To the Com	Σ	29b. Signatura and the of priffier				29c.	Licans	e number			29d. Data sign	ed (Month,	Day, Year)	
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			145 E. Warro	11 Stree	et Sui	te A	1.0	li	Sbu	ru	MT	218	01		
	Sta	te	31. Data filed (Month, Day, Year)	32. P	egisyar's Signat	turgo .	,			(7					
	Registr		SEP 05 19	96 Jal	a dividis	- Mardall									

SEP 05 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended #9c, 10b, State of Maryland / Department of Health and Mental Hygiene 10b, 9/6/96, M.T., Calvert CoCertificate of Death Amended #9c, 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Aug 31, 5:50PM Nancy Jean Hutchinson Chapman /Medical 4e. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2340 Ross Road St. Leonard Ch if Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Charles-Calvert If Undar 1 Yeer 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign Country) **Funeral** Months Days 1□ M 2□ F Yrs. Director 214-66-3078 Oct 5, 1958 Maryland Usual Rasidance of Decedent the Maryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturet", or items 23a or 28a-f ahow traumatic event, the Medical Examiner must be notified at Maryland - Charles Calvert St. Leonard 1 Yas & No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2340 Ross Road 20685 death Funeral United States 12. Wes Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Meritei Stetus 14. Rece - Amarican Indian, Black, Whita, etc. 72 hours efter 1 ☐ Yas 2 ☑ X o If Yas, Giva Year or Datas: 1 Never Merried 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ YNY Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 18a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT usa ratired) permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiens Important: If fem 27 is merked other than "neny Injury or other traumatic awart Elamentary/Secondery (0-12) Collaga (1-4or 5+) Sales Manager Revere Corp. 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Sumeme) Be Robert C. Hutchinson Beatrice A. Tomlin 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Duane Chapman Ross Road, St. Leonard , Maryland 20685 20b. Place of Disposition (Nama of cemetery, crametory or other placeSept 4, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata XXBurial 2 □ Crametion 3 □ Ramovat from State 4 □ Donetion 5 □ Other (Specify) Asbury Cemetery Prince Frederick, Md 22. Name and Address of FacilityLee Funeral Home, Inc 6633 Old 21. Signetura of Funaral Sarvice Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such es cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in daath) Sarcoma Examiner Dua to (or as a consequence of): buriel-transit Sequantially list conditions, if any, leading to immediata causa. Entar Undarfying Cause (Disaasa or Injury that Initiated events rasulting in death) Last Due to (or as a consequence of): and physician s the buriel Box 68760. certificata be Physician/Medical Dua to (or as a consequence of) USB BS attending P.O. signed by the s Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Wara autopsy findings evelleble prior to ate hes been si page 2 should 24a. Was an autopsy performed? Completed completion of cause of death? 1 ☐ Yes 2000 certificate 1 Yes 2 No Physician: 25. Was casa refarred to medical Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2XXNo After this 27. Mannar of Death t Naturat 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending invastigation 1 Yas 2 No 2 Accident 6 Could not be determined 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

Division of Vital To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral In by t

10 add t State

Harry Luksenburg MD

4 Homtelda

29b. Signature and title of gediffer

29a. Certifier (Check only one)

edicai

29d. Dete signed (Month, Day, Year) D 25913 Sept 4. 1996

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29c. Licanse number

30. Name and address of person who completed causa of daath (itam 23a) (Type, Print)

NS

3800 Reservoir Rd

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

Div. of Hematology Georgetown Med. Ctr. Wash. DC 20007-

31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura.
1996 Julia danulum Randall CFP - 6

2197

Registrar

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

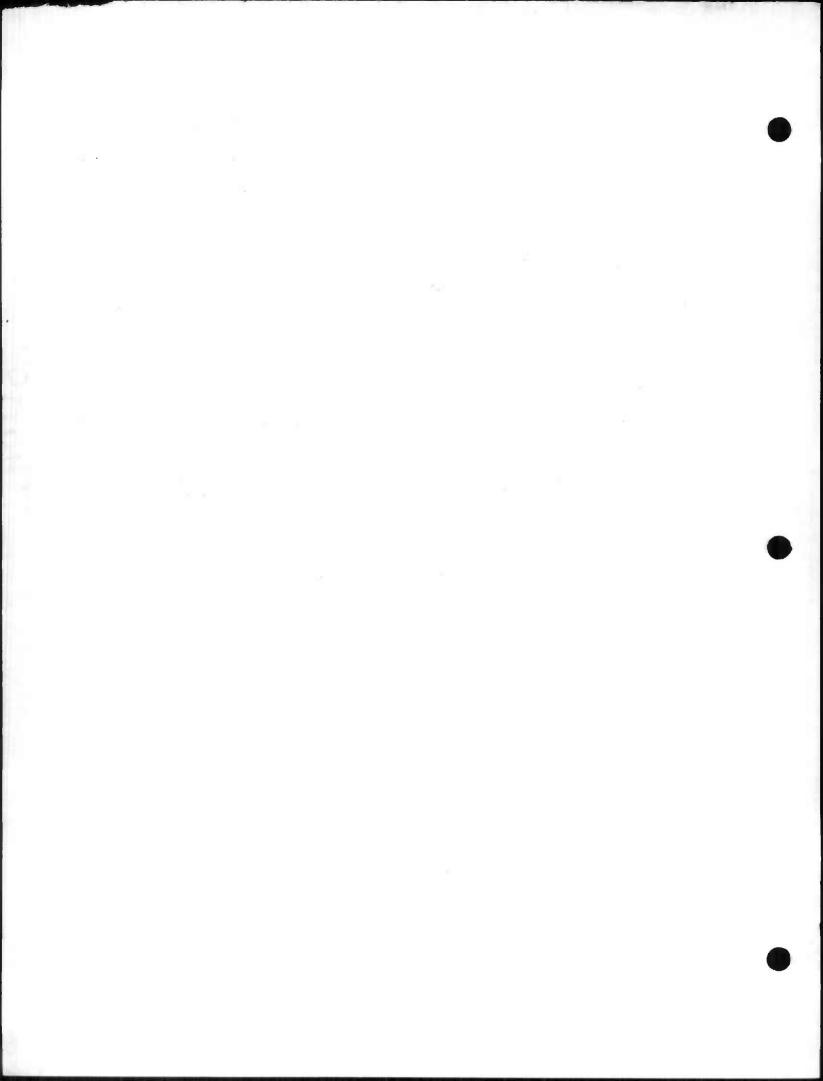
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSP	THE FUNE	e filed within	MPORTANT

30. NAME AND AL-20 / - / 31. DATE FILED (Month, Day, Year) SEP 06 1996

12. REGISTRAR'S SIGNATURE
Julia Awalson Reveals

FOR_	STATE OF MARYLA	ND / DEPAR	RTMENT OF 1	IFAITH AND	MENTAL HYGIEI		27978
1 - STATE REGISTRAR			ICATE OF		REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	CANALANA	,			2. DATE OF DEATH MONTH	DAY XEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	CONAWAY  5. SEX 6. AGE (III)				9 4	- 199W	5:50PM
104-18-2065	1 - M 2 - E	yrs. last birthday) RS. YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 /02/K	108 G	HPLACE (State or Foreign Hry) ERMANY
9e. FACILITY NAME (If not institution, give street  UFSTMTNSTFR NII  RESIDENCE OF DECEDENT		ER		ESTMINS		CARRI	DLL DLL
10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
MD CAR	ROLL			MINSTER I. ZIP CODE		10a CITIZEN OF	1 YES 2 NO
1224 WACHTNOWN	M DD		1 "		1157	log. Citizen or	WHAT COUNTRY!
1234 WASHINGTO	12. WAS DECEDENT EVER IN (	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye	USA	CE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica 2 NO Specif	an, Puerto Rican, etc.)	Bia	ck, White, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION		USUAL OCCUPATI		16b. KIND OF BI	USINESS/INDUSTRY	0-11-12
(Speciny only nignest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during ma ise retired.)	ost of working			
12	175-21 400	HOME	MAKER		но	ME	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malde	n Sumame)	
MICHAEL	TYBERSKI			MART	HA		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Code)	
ED CONAWAY		3923	OLD	WEST FA	LLS RD	MT. AIR	Y, 21771
20a. METHOD OF DISPOSITION 1 Burlal 20 Cremation 3 Remo			OF DISPOSITION (N	ame of	DATE 20c. L	OCATION - City or	Town, State
4 Donation 5 Other (Specify)	cemel	tery, crematory or c		EMATION	9/5 HA	MPSTEAD	, MD
21. SIGNATURE OF FUNERAL SERVICE UC	MOGE C	X		NO AODRESS OF FA	412 WA	SHINGTO	
23. PART I, Enter the dispases, or co	1200	X			ER,MD 21		1 Assessment
	ist only one cause on each		not enter the me	ode or dying, suc	on as cardiac or res	piratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Alakar		Deman	1			Onset and Deat
	OUE TO (OR AS A	CONSEQUENCE O	OF):		111	A.	5-10711
Sequentielly list conditions,	Athers	50/200	atic	LAVAN	V	0.1	3 -/ / .
if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	OF):				
CAUSE (Disease or Injury							
that initiated events resulting in death) LAST	DUE TO (OR AS A (	CONSEQUENCE (	OF):				
d							
PART II. Other significent conditions	contributing to deeth bu	t not resulting	In the underlying	g ceuee given in	Pert I. 24s. WAS A	N AUTOPSY 24	b. WERE AUTOPSY FINDINGS
					17.630	DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	2 9 NO	OF DEATH?
DID TOBACCO USE CONTR	IRLITE TO CALISE OF	DEATH V	ES [] NO [	UNCERTAI	N. FZ		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			ATH (Check only one		ושנאו		
EXAMINER?	HOSPITAL:		OTHER:				
1 YES 2 PNO	1 ☐ Inpetient 2 ☐ ER/Outpet	tient 3 U DOA		JURY AT	6 Other (Specify)		
1 Natural 5 Pending	(Month, Day, Year)	IN	JURY W	YES 2 NO	28d. OESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation	28e. PLACE OF INJURY -	At home Jame					
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specif	y)	street, tactory, one	:0	281, LOCATION (Stree City or Town, Stat		I Houte Number,
					L		
	CIAN: To the best of my knowle						
One) 2 MEDICAL EXAMINER	R: On the basis of examination	end/or investigati	ion, in my opi <i>n</i> ion,	death occured at the	e time, date and place,	and due to the cause	e(e) and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	2. Man /	ms		29c. LICENSE NU	IMBER 882	29d. DATE SIGNE	ED (Mogth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO						1 ///	116

21136



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

27979

							Cer	tificate of	Death		Re	eg. No.		
			1. Decedent's Neme (First, Mic	ddie, Las	st)					2. Da	te of Deat	-		3. Time of Death
п	Physic		BABY		GIRL		CT	CDANC			onth	Day	Year	200
а	/Medi		4a. Facility Name (If not institu	tion abu		ahar)	C1	GRANG	4h Cihi Tour	AUG n, or Location		-	996	7:50 pm
v	Exami	ner									O Death	4c. County	of Death	
	MIT E		GREATER BA						TOWSON			BALTI		
п	Funeral		5. Social Security Number	6. S	ex □M 2☑F	7. Age (In yrs. la		If Under 1 Year Months Days		Hrs. 8. Da	te of Birth onth, Day,	Year)	9. Birthp	plece (State or Foreign
	Director		NONE	'	LIMI ZUEF		Yrs.		_	30 Au	ousT3	0,1996	MAR	POLAND
	<b>v</b>		Usual Residence of Decedent									7		
	ylen How		10a. State 10b. Coul	nty		10c. City,	Town or Loc	cation					1	0d. Inside City Limits
	M M	ģ	MD. CAN	CRO	2.6	412	mPSTA	LAN						1 ∰Yes 2 No
	158 th	8	10a. Street and Number			, , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f. Zip Code			1/	0g. Citizen of	What Cour	ntn/2
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	at 23	E .	1642 ST. PA	MIL				210%	,				s. A.	
	ep Le	un	11. Marital Status		12. Was Dece Armed For	dent Ever in U,S		Ves Decedent of Yes, specify Cut	Hispanic Origi pan, Mexican,	n? (Specify Yo Puerto Rican,	etc.)		ce - Americ	
0	and and		1 ☑ Never Married 2 ☐ M	10000	1 ☐ Yes tf Yes, Give	2 1 No	1	☐ Yes 2☐No	Specify:					
21215-0020	"netural",	by	3 ☐ Widowed 4 ☐ Divord	bec	Year or De	ites:		103 208110	Specify.			Specif	WH	112
5	2 hc	Completed	15. Deced	lent's Ed	ucation		16a. Deced	ent's Usual Occu	pation			16b. Kind of B	usiness/In	dustry
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2	filed within Hygiene. other than	E	Contentery/Secondary (0-12	.,	College (1	401 34)	11	FANT			1	NON	-	
D	● 支援 f		17. Father'a Name (First, Midd	le, Last)					18. Mother	s Name /First	Middle A	Aaiden Sumar		
Maryland	o da b	Be	2 1 2 1	1. ,	1.000					,				->
7	Me Me	P			CIGRAM							NILE		
a	2 d = 2		19a. Informant's Neme/Relation											Code) 21157
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Pe-			20a. Method of Disposition	7		20b. Pla	ce of Dispos	sition (Name of natory or other ple	2001	Det	9 2	20c. Location	- City or To	wn, Slete
JO TO	Peges nent of net: If Ite		1 ☐ Burial 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	n 3 🗆	Removal from S	State	Trotory, Cron	alory or other pre		2 5 1	2 1001	11/251	21 1015	20 .10.211
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Baltimore,	pemit. Peges Department of Important: If it eny Injury or ones.		21. Signature of Funeral Servi	De Licen	Sec. 31		22.	. Neme and Addr	ess of Fecility	,	910	1, llia.	11	ZR, ND 211.
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			23a. Part1. Enter the disease,	or comp	olications that ca	used the death.	Do not ente	or the mode of dy	ing, such as co	ardiac or respi	ratory arre	est,		Approximate
	Physician		shock, or heert feilure. L	ist only	one cause on ea	ich line.							į	tntervat Between Onset and Death
	/Medical		Immediate Cause (Finel		1		9							
	Examiner		disease or condition resulting in deeth)		a. Extr	ene pres	noon	V						
н		<u>.</u>	,			Duy to (or a	as a consequ	ence of):						
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	nd tran	Examiner	Sequentially list conditions,		0.	Due to (or a	s a consequ	uenca of):						
Ó	an a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
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89	ificat g phy es th	8	resulting In death) Last			D09 10 (01 6	a consequ	ierice or).						
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	0 0 0	Physician	Part II. Other eignificant condi	itiona co	ntributing to dea	ath but not result	ing In the un	derlying cause gi	iven in Part I.	2	3b. Did to	bacco uee co	ntribute to	the cause of death?
P.0	by tack	ž.									1 □ Ye	8 2□ No	3 Prof	bably 4 Unknown
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Records,	requires that the sen signed by th hould be detach									24	a. Wes ar	n autopsy	24b. W	ere autopsy findings
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>		0	examiner? 1 Yes 2 No		Hospital:	patient 2 E	R/Outpatient	3□ DOA Ot	hor:			nce 6 Oth	or /Coosil	
ō	Phys ral d		27. Manner of Deeth		28e. Date of		8b. Time of					w Injury occur	1111	//
Division	Attending I or death. ector: After by the fune	Ö	1 Naturel 5 □ Pend		(Month	, Day Year)	Injury		iry at ork?		0001100 110	W injury Coods	100	
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	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer		29a. Certifier 1 Certify	ying Phy	reician: To the b	est of my knowl	edge, deeth	occurred at the ti	me, date end	place, and du	e to the ca	use(s) and m	anner es si	ated.
	Ho 24 I Fu	edical	(Check only 2 Medic	at Exam	Iner: On the bes	sis of examinatio	n end/or Inve	estigation, In my	opinion, death	occurred at th	e time, da	ate end plece,	and due to	the cause(s)
	# ci # g	Me	29b. Signeture and title of certi	fior /				29c. Licen	se number		20	d. Date signe	d /Manth	Day Voorl
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			30. Name and address of perac	on who c	ompteted cause						1			
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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								Cer	unicate or	Death			Reg. No.	- 4	. , , , ,
п			1. Decedent's Ne	eme (First, Middle	, Last)							Dete of De			3. Time of Death
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в	Director		NONE		182 M 2L F		· ·	Yrs.	20,0		45 A	UGUST	30,1996	MAR	YLAND
	D		Usual Residence	of Decedent									,		
	ylan Mari		10a. Stete	10b. County			10c. City, Town	or Lo	cation					10	d. Inside City Limits
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0	of P	Ē	1 Navar Ma	arried 2 Marri	ed 1 Yas	2 2 NO	5		☐ Yes 2 12HNo			.,,			
21215-0020	be filed within 72 hours after death with the Maryland stall Hygiene.  Id other than "natural", or items 23s or 28s-1 show event, the Medical Examiner must be notified at	by	3 🗆 Widowed	4 ☐ Divorced	Yaar or				CD 165 2 (MP140	Spacity.			Specify	WHI	76
50	2 h	Completed		15. Decedent	's Education		16a.	Deced	ent's Usuel Occup	etion			16b. Kind of Bu	usiness/indu	ustry
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o	requires that the death seen signed by the atte hould be detached for	Physicia	Part II. Other sign	nificant condition	ns contributing to	death but	not resulting In	the ur	derlying cause giv	en in Part I.		23b. Did 1	obacco use co	ntribute to 1	the cause of death?
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o	After After funer	tion	1 Netural	5 Pending Investig		onth, Day	Year) Ir	njury		k? Yes 2∐ No					
S	Attending or death.	Ca	2 ☐ Accident 3 ☐ Suicide	6 Could n	ot be	10.14411	4.1					1			
Division	or Attend after death Director: /	Certification:	4  Homicide	dotomi	ned 28a. Plac	ca of Injury ding, etc.	y - At homa, far (Specify)	m, stre	eat, fectory, office		281.	City or Tou	Street and Numb m, Stete)	er or Hurat	Houte Number,
	To the Hospital or within 24 hours after To the Funeral Dirticompletely filled in	O													
	To the Hospital within 24 hours a To the Funeral I completely filled	cal	29a. Certifier (Check only	1 Certifying	Physician: To th	e best of	my knowledge,	deeth	occurred et the tin	ne, dete end	place, end	due to the	cause(s) and ma	nner as sta	ted.
	H H H	edical	one)	2 Medical E	end me	nner state	xaminetion end ed.	Vor inv	estigetion, in my o	pinion, deeth	occurred e	t the time,	dete end piece,	and dua lo t	he cause(s)
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			- 100	your of	www.	NU 3	TON PINE	uan	U SUC				-1-10		
			30. Neme end edd	dress of person v	vho completed cau	use of dea	th (Item 23e) (	Туре, Г	Print)						
	Sta	ite	31. Dete filed (Mo	onth, Dey, Year)	32.	Registrer	s Signeture	0						fulliform.	
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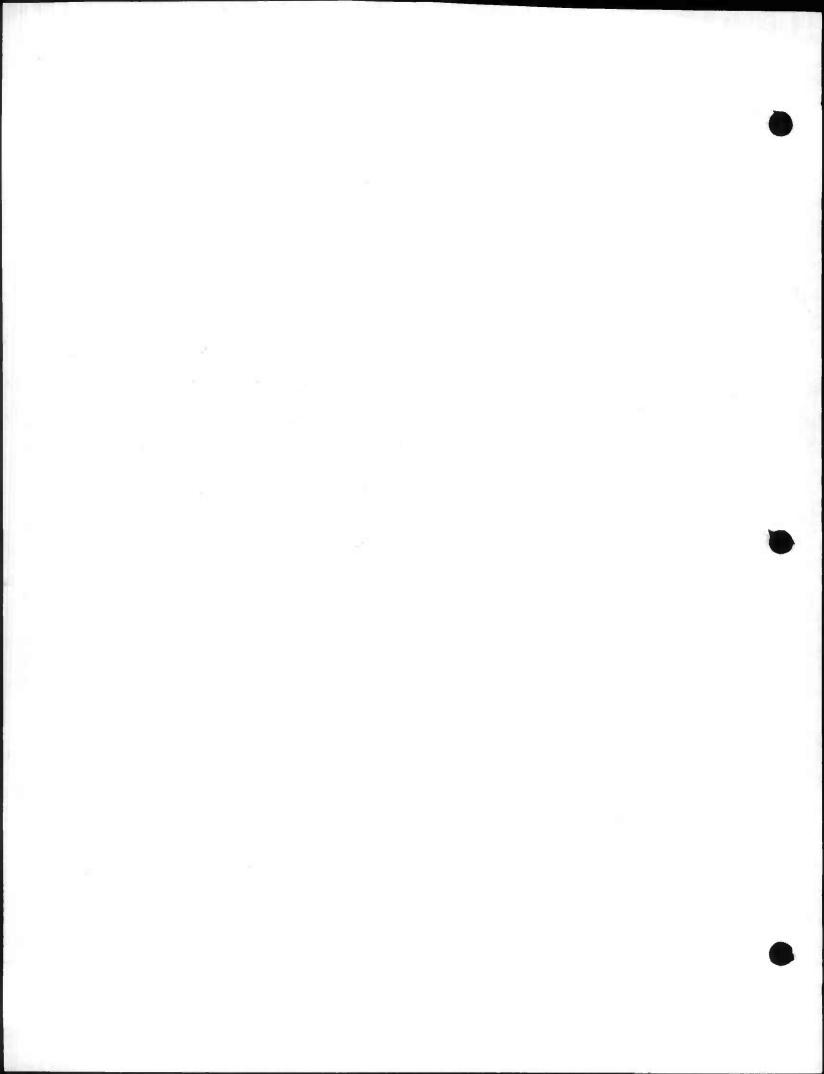
DIVISION OF VITAL RECORDS, P.O. BOX 6876

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR
1. DECEDENT'S NAME (First, Middle, Last)
Daniel Jacob Cole
4. SOCIAL SECURITY NUMBER

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CKIII	ICALE	: OF	DEAL	н	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		-						2. DATE OF C		γ 2	YEAR	3. TIME OF DEATH
- 6	Daniel Jacob Cole										r Z,		
3	4. SOCIAL SECURITY NUMBER 218-20-2554	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. la 76	YRS,	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day April	( Year)	192	Countr	PLACE (State or Foreign aryland
	9s. FACILITY NAME (If not institution, give st	met and number)			ah CITY	TOWAL C	OR LOCATIO	ON OF DE		10,		NTY OF D	
Œ.	3216 Peters Corne	,				ryd		ON OF DEA	AIH			een A	
DIRECTOR	RESIDENCE OF DECEDENT	er Road			110	ilyu	CT	-			Qui	cell A	Mille
HE	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION						10d, INSIDE CITY LIMITS?
		n Anne		]	Mary	le1							1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	, ZIP CODE						WHAT COUNTRY?
Ä	3216 Peters Corne						_	21649				S.A.	
F	11. MARITAL STATUS  1 Never Married 2 Married		YES 2X						IC ORIGIN? (Sp , Puerto Rican		or No-	14. RACE Black	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WI	AR OR DATES		1 1	YES	2 X NO	Specify				Speci	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a, D	ECEDENT'S Give kind of	USUAL OC	CUPATIO	ON set of working		16b, KIN	D OF BUS	INESS/IN	DUSTRY	
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MP	grad llyrs		fa	rmer						grai			
	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle		Sumame)		
BE	Harry Cole  19a. INFORMANT'S NAME (Type/Print)							-	Smith (				
2	Anna Roth Cole		,						oute Number, C	,	,		1649
	20s. METHOD OF DISPOSITION		20h BLACE	ANDDATE				EL KL	DATE			City or To	
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 5 🗆 Other (Specify)	oval from Stata	remetery, co						1				, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	4	-			NO ADDRE			Eum o	1	Uoma	
	+ Mal	les	le_			_			nbein l Greensl				39
	23. PART I. Enter the diseeses, or o												Approximate
	ahock, or heert feilure.  IMMEDIATE CAUSE (Final	List only one ceu	se on eech lin	le.									Intarval Between Onset and Death
	disease or condition resulting in death)  a. CONGESTIVE HEART FAILURE  Due to (or as a consequence of):												
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CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		0.1										
F	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):							-	
ERI	resulting in daeth) LAST	d											
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Ή	27. MANNER OF DEATH	26a. DATE OF (Month, Da		28b. TIN		28c. IN.	JURY AT		26d, DESCRI		NJURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	ay, rear)	1111	M		YES 2	NO					
ED E	3 Suicide 6 Could not be	26a. PLACE Of building,	F INJURY — At I	nome, farm,	streat, fact	ory, offic	:0		2st. LOCATIO	N (Street s	nd Numbe	r or Rural I	Route Number,
===	4 Nomicide determined												
PL		CIAN: To the best of	my knowledge, o	death occur	red at the t	lme, date	and place	, and due	to the cause(a	) and mar	mer as ata	ited.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of ax	ramination and/o	r investigati	on, in my c	pinion, o	death occur	red at the	time, data and	placa, an	d due to t	he cause(s	s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	1111	10 0				29c. LICI	ENSE NUM	IBER		29d. DA	TE SIGNED	(Month, Day, Year)
TO B	18th 18	mper	VVV	)			D	+15	81		•	91:	3/96
-	30. NAME AND ADDRESS OF PERSON WN HELEN A NOBL	E MD	122	Speer	r Roa	ıd	Chest	erto	own, Ma	aryla	and	2162	20
	SEP - 3 96	32. REGISTRA	R'S SIGNATURE	Pande	œ	<del></del>	-						



Please Type or Print in Black Indelible Ink. 'Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month 5:30 PM LORA Μ. 1996 AUGUST 29 /Medical 4a. Facility Nama (If not institution, giva street and numbar 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince George's Hospital Center Cheverly Prince George's 5. Social acurity Number If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) Watertown **Funeral** Days 1□M 2X F 1948 New York 062-42-7846 48 Yrs Director Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Jefferson New York Orleans Director Yas 2 No 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? United States 34945 Apple Wood Road 13656 Funeral of America 12. Was Decedant Evar in U,S. Armad Forcas? 1 ☐ Yas ② No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☑ Married 1□ Yas 2 No þ 3 ☐ Widowad 4 ☐ Divorced Specify: White Completed 15. Decedant's Education (Specify only highast grada complated) 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Nursing Home Eiamantary/Secondary (0-12) Collaga (1-4or 5+) Health Care 11 Care Giver 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be Cecil Bedore Violet Gilbo 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Walter D. Carr 34945 Apple Wood Road, LaFargeville, New York 13601 /Husband 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata September 1 X Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata North Watertown Cemetery 3, 1996 Watertown, New York 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
Simpson-Cleveland Funeral Home, Inc ura of Funarai Sarvica Licansaa #M00690 724 State Street, Watertown, NY 13601 23a. Part 1. Entar tha disaasa, or complications that ceused tha daath. Do not antar tha moda of dying, such as cerdiac or raspiratory arrest, shock, or haart failura. List only one cause on each line. Approximata Intarvai Batw **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequence of): Examiner Saquentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypertension þ 24b. Wara autopsy findings availabla prior to complation of causa of daath? Completed 24a. Was an autopsy performed? 20 No 1 ☐ Yas 2 ☐ No 25. Was cesa rafarrad to medical 26. Placa of Death (Check only ona) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Medical Certification: To 1) Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. fnjury at Work? 1 Natural 5 Panding invastigation 1 ∏ Yas 2 ☐ No 2 Accidant 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida 29a, Certifian Certifying Phyalcian: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature, and title of ceftiller 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print)

1328 Southern Avenue SE #201, Washington, D.C.

State Registrar

Stacy Ross, M.D.

31. Data filad (Month, Day, Yaar)

32. Registrar's Signatura

**DHMH 16 Rev 6/95** 

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Peges 1 and 2 should be filed within 72 hours after tear and of Health Hygiene.
Int: If item 27 is marked other than "natural", or itee
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permit. Pege Depertment of important: If any injury or

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Director

To the No within 24 to To the Fur completely

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records.

Division of Vital

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State of Maryland / Department of Health and Mental Hygiene

Department of Health and Mental	Hygiene
Certificate of Death	Reg No

96 27983

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Ī	Funeral Director		5. Social Security Number 212-68-176	4.5	ax M 2□ F	7. Aga (In y	rs. last birthday) Yrs.	If Under 1	Year	If Undar Hours		8. Data of B	irth Pay, Year) 9, 1954	9. Birthpl Count Mary	
-	p.		Usuel Residence of Dece									2.00	, 1,51	1101	10110
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	or 28	ire.	10e. Street and Number					10f. Zip Co	ode				10g. Citizen of	Whet Count	try?
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020	72 hours after death with the Maryland natural', or Items 23s or 28s-f show acel Examiner must be notified at	by Funeral	11. Maritel Stetus  1 □ Naver Married 2 3 □ Widowed 4 ▼		12. Wes Dece Armad For 1 X Yes If Yes, Giv Year or De	rces? 2  No e	'	Ves Decedent Yes, specify		lispenic Orl en, Mexicar Specify:		ecify Yas or N Ricen, etc.)	o- 14. Re Ble Specia	ce - Amarica ock, Whita, e	
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yla	should bad marked	To	Sherwood (	Clark						Line	da Cl	lark			
Maryland	01 0 00 0		19e. Informant's Neme/R				19b. Mailir	g Address (S	treat	and Numbe	er or Rure	al Route Numi	ber, City or Town	, State, Zip	Code)
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	To the Hospital or Attending Phwitin 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	edicai	29e. Certifier 1 C (Check only one)	artifying Phys ledical Examin	ner: On the base end menner	sis of exemin	nowledge, death netion and/or inv	occurred et ti astigation, in	ne tim my o _l	ne, dete end plnion, deat	d plece, e th occurre	end due to the	cause(s) and me date and placa,	enner es sta	ited.
	To the com	2	29b. Signeture and title of	certifier	Tute no	2_				.M.E			29d. Dete signe SEPT.		

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth SEPTEMBER 3,1996 HELEN W. CAMPBELL 7:23 PM 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PHYSICIANS MEMORIAL HOSPITAL CHARLES LAPLATA If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 6. Sex 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 1 M 2 KF Months 75 214-34-6357 Oct. 1, 1920 Washington, D.C Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes ZX No Indian Head Maryland Charles 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6370 Raymond Augustus Place United States 12. Wes Decedent Ever In U,S. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. 11. Meritei Status Armed Forces?

1 Yes 2 No
If Yes, Give
Yeer or Detes: Bieck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: Specify: 3 ☑ Widowed 4 ☐ Divorced Black 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Retired Housekeeper Government 10 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Beatrice Craig Gilbert Waymon Washington 19e. informent's Neme/Reietionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marguerite Maxwell - Daughter P. O. Box 176, Indian Head, Maryland 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetlon 5 ☐ Other (Specify) Glymont Cemetery 9/7/96 Indian Head, MD 22. Name and Address of Fecility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D.C. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death Immediete Ceuse (Final diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initialed events resulting in deeth) Last Dueno (or es a consequence of): Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Tyes 22 No 1 ☐ Yes 2 ☐ No. 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1. Inpetient 2 ER/Outpetient 3 DOA

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

Examiner

Directo

Funeral

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Completed

Be

2

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-4 show traumatic event, the Modical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examinations.

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and attending physician for use es the burie the 3 signed 8 peed hes certificate After this

Physician/Medicai þ Completed Be 10 Certification:

The law requires that the death certificate be assecuted or Attending Physician: death. Director:

Division of Vital Records, P.O. Box 68760

To the Hosping.
Within 24 hours after deat
To the Funerel Director: Medical

State Registrar

27. Manner of Deeth

5 Pending investigation 4 Homicide

1 Naturel

2 Accident

3 Sulcide

(Check only

29b. Signature and title of certified

29a. Certifier

6 Could not be determined

28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end place, and due to the ceuse(s) and menner as stated.

29c. License number D-22574

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and pleca, and due to the cause(s) end menner stated.

29d. Dete signed/(Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how Injury occurred

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

ROBERT PACE MD 700 OLD LINE CENTER SUITE 202

31. Dete filed (Month, Day, Year) SEP 06

32. Registrer's Signature the Devolution WALDORF MD. 20602

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State of Maryland / Department of Health and Mental Hygiene 96 27985

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	that tha death ce ed by the attandi datached for use	Physician/	Part II. Other significan	nt conditions con	tributing to de	ath but not rasi	ulting in the u	nderlying caus	ea nive	an in Part I	23b. Did	tobacc	O Hee COD	tribute t	the cause of death?
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State Registrar 31. Data filed (Month, Day, Year) SEP 0 4 1996

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Funeral Director		579-28-1516 Usuel Residence of Decedent	1□ M 2∏ F	74		Months De	eys Hours	Min.	Feb 18	law Voor	22	Washing	gton D.C
M M		10e. Stete 10b. County		10c. City	, Town or Loca	ation						10d. Ir	side City Limits
pa	to	Maryland Prince	Georges	Capi	ital He	ights						2	Yes 2□No
Examiner must be notified at	Director	10e. Sfreet end Number				10f. Zip Coo	de			10g. Ci	itizen of	Whef Country?	
		3810 Dent St				20743				Uni	ited	States	
T STATE OF	/ Funeral	11. Marifel Sfafus 1 ☐ Never Married 2 ★ Marrie	12. Was Deceder Armed Forces d 1  Yes 2	s?	If '	as Decedent Yes, specify (			ecify Yes or N Ricen, etc.)	lo-	Ble	ce - Americen In ck, White, etc.	dian,
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any Injury or once.	-	4 ☐Donetion 5 ☐ Other (Spe	^	Lin	ncoln M	lemoria	11	9	-6-96	Suit	tlan	d Maryla	and
DUCE		21. Signature of Funeral Service Li	consee										
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3 1/2

Suresh A

31. Dete filed (Month, Day, Year)

SEP 04. 1 State Registrar

29b. Signature end fitle of certifier

1/ Certifying Physician: To the best of my knowledge, deeth occurred of the fime, dete end piece, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner stated.

29c. License number
D46478

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
Suresh A. Pertumb 7501 Surratts Rd. # 302. Clinton 2,735

**DHMH 16 Rev 6/95** 

26. 4. 1

10, 7

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 27987

						Ce	rtificat	e of	Death	7		Reg. No.		
Physician /Medical Examiner			1. Decedant's Na <i>ma (First, Midd</i> ELIZABETH (		CRAMPTO	N DIX		2	Dix		2. Data of D Month	eath Day	Yaar 1996	3. Tima of Death 1545
			4a. Facility Nama (If not Institution PENINSULA REC			ENTER			S	ALISI		WI	y of Death	
	Funeral Director		5. Social Security Number 222–22–5575	6. Sax 1 ☐ M 2 ☐ F	7. Aga (In yrs 75	. last birthday) Yrs.	if Under Months	Days		Min.	8. Data of B	irth Year 1920	9. Birthp LIBER	piaca (Stata or Foreign
	Maryland a-f show	ctor	Usual Rasidance of Decedant  10a. Stata 10b. Count  DEL . SUS			Ity, Town or Li	ocation						1	1 Vas 2 No
	h with th	Funeral Director	10e. Street and Number HARBOR HEALTHO	CARE &REHA	AB. CEN	TER	10f. Zip	Coda 1995	8			10g. Citizen of USA		itry?
020	s 1 and 2 should be filed within 72 hours effer deeth with the Maryland if Heelth and Mentel Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Examinar must be notified at	b	11. Marital Status  1 ☐ Nevar Married 2 ☐ Ma  3 ☒ Widowed 4 ☐ Divorce	rried 1 ☐ Yas	2₫ No iva		Was Dece If Yas, spe 1  Yas	cify Cul	oan, Maxica	n, Puarto	ecify Yas or N Rican, atc.)		ce - Amaric ick, Whita, fy: BLA	atc.
21215-0020	d within 72 ho piene. r than "natur ne Medical	Completed	15. Decedant's Education (Specify only highast grada complated)  Eiamantary/Secondary (0-12)  MASCELERS  16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired)  DIR. OF PUB.REL. & COMM. A  17. Father's Name (First, Middle, Last)  FARI HARRISON CROMPTON  18. Mother's Name (First)									16b. Kind of Business/Industry  PROF. AT DEL. UNIV.		
Maryland	should be filed with nd Mentel Hygiene. marked other than umetic event, the	To Be C			CROMPTI	DN			18. Moth	ar's Nam	ma (First, Middla, Maidan Sumama) MABEL ESTERDAY			
	1 and 2 sho Heelth and I em 27 is me		19a. Informant's Name/Ralation JACQUELINE E. [		IV	30 H	ELM	STR			IT, N.	ber, City or Town		
Baltimore,	Page nent o ant: If ury or		20a. Mathod of Disposition  Duriai 2 Cramation  Donation 5 Other (	Specify)	Stata MT		Matory or o	J,M.				PRESTON	, MD.	
Bal	permit. Pa Departmer Important: any injury 2059.		21. Signature of Foseral Service	IB.	Joele	1 12	213 JE	ERSE	Y ROA	D:	SALISB	EMORIAL JRY, MD.		
	Physician /Medical Examiner	J.	23a. Part . Enter the dinease, o shock, or heart failure. List immediata Causa (Final disassa or condition resulting in daath)	r complications that tonly one cause of	lear	Do not an	Pis-	Rac		s cardiac	or raspiratory	arrest,	(	Approximata tritarval Between Onest and Death
0,	executed an and irfal-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury	b	Dua to (	or as a conse	quanca of):							
ox 68760,	eath certificate be executed attending physician and for use es the burtal-transit	n/Medical	Cause (Disease or thjury that initiated avents resulting in death) Last	d	Dua to (	or as a consec	quance ot):							
, P.O. Bo	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burtal-transit	by Physician	Part II. Other significant conditi	ons contributing to o	leath but not ra	sulting in tha u	undarlying o	ausa g	ivan in Part	l.		tobacco use co		o the cause of death? bebly 4 🗷 Unknown
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Vital R	Physician: The la this certificate har al director, page	Be	25. Was casa rafarred to medicaxaminar?	ai Hospital:	-					a of Deal	1 C	Yas 2) No	10	Yas 2□ No
of	this ald	T. To	1 Yas 2 No		inpatient 2 [ of Injury oth, Day Year)	28b. Tima o		DA P		ursing Ho		how injury occu		(ע
Division	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Suicida 6 Could	not be 28a. Piac	e ot Injury - At I	Injury	М	1[	Yas 2	]No	28f. Location City or To	(Street and Num	ber or Rura	al Routa Number,
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	To the within To the comple	Mec	29b. Signature and title of conflic		nnar stilled.				sa nu <i>m</i> ber			29d. Data sign		
	10		30 Name and address of person	who completed cau	se of death (Ite	m 23a) (Type.	Print)	I	0000	140		Salishi Salishi	-25	-96
	Sta	ate	E. Ken 31. Data filad (Month, Day, Year	t Carne	Begistrar's Sign	D.		5 8	E. Ca	rrol	154.	Salish	ury,	Md.
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

27988

								Cen	titicate of	Death		Re	eg. No.		
	Physic /Medi		1. Decedent's Neme	(First, Middle,		ulia	B. D	avi	dson			2. Dete of Deet Month Sept	Dey	Yeer 996	3. Time of Death 2201
Ď.	Exami		4e. Fecility Neme (If n	ot institution,	give street and no	um <i>ber)</i>				4b. City, To	wn, or Lo	cation of Deeth	4c. County	of Death	
	D V M		Carroll	County	General	l Hos	pital				mins	ster	Ca	arroll	
	Funeral	Г	5. Sociel Security Nur	mber	6. Sex	7. Age (	(In yrs. last birt		If Under 1 Year Months Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Dey,	Year)	9. Birthpled	e (State or Foreign
6	Director		219-42-56	32	1□M 2□F		79	rs.	Working Doys	110013	191111.	Aug 13	, 1917	Mary.	
Т	pu ,		Usuel Residence of D												
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	or 2	E S	10e. Street and Numb						10f. Zip Code			11	0g. Citizen of \		?
	th w	B	3100 Carr	colltor	n Road					210	074		US	SA	
	and a	Funeral Director	11. Meritel Stetus		12. Wes Dec	cedent Ev	er in U,S.	13. W	as Decedent of h Yes, specify Cub	lispanic Orl	gin? (Spe	ecity Yes or No-		e - American	
0	of H	F	1 Never Merried			2 No			☐ Yes 2√ No		, , , , , , , , ,	tious, story	Specify		ite
21215-0020	filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show ant, the Medical Examinat must be incitited at	d by	3 Widowed 4	Divorced	Yeer or I	Dates:				epoony.			Specily	. AATT.	ite
5	72 h natu	Completed	(Specify	5. Decedent's	s Education	)	16a.	Decede	ent's Usuel Occup ind of work done O NOT use retire	oation during mos	t of workii	na	16b. Kind of B	usiness/Indus	stry
21	ithin Ne.	du	Elementery/Second			(1-4or 5+)				d)					
2	filed within Hygiene. other than and, the M	S	10					Hou	usewife					n Home	
2	be file tal Hyg of othe evant,	Be	17. Fether's Neme (Fi		ast)							(First, Middle, A	Aeiden Sumen	16)	
yla	should be filed and Mental Hygin marked other imatic event, it	2	William E				- r					Basler			
Maryland	2 4 4		19e. Informent's Nem						Address (Street						ode)
	ages 1 and at of Health if Item 27 or other tr		Ronald Da	vidsor	n-son				7 Locust	St, I	Manch	nester,	MD 2110	)2	
Ore	T Ne T		20e. Method of Dispos		3 □Removel from	State	20b. Plece of cemeter	Dispos y, c <i>rem</i>	ition (Name of etory or other ple	ce)	i	Dete	20c. Location -	City or Town	, State
Ē	Pag ment ant: I		4 Donetion 5			1	Wes.	ley	Cemeter	У		9/7	Hamps	stead,	MD
Baltimore,	pemit. Pages 1 and: Department of Health Important: if Item 27 any Injury or other tr once.		21. Signeture of Fune	gel Service L	icensee /	3	2 .	22.	Name end Addre	ess of Fecili	y	Eline F	uneral	Home	
m	80 = 5 8		e the	wer	J W7		IN 8	1 9	934 S Ma.	in St	, Han				
	-		23a. Part1. Enter the	diseese, or o	complications that	caused th	e deeth. Do n	ot ente	r the mode of dyl	ng, such es	cardiac o	r respiretory erre	est,	A	pproximate
4	Physician		SHOCK, OF NEET	reliure. List o	nly one ceuse on	eech line.								i o	nset end Deeth
7	/Medical		tmmedlete Cause (Fi	nel	00.00	21.								1	la es
П	Examiner		disease or condition resulting in death)		e. Car		respi		cory ar	rest				[ ]	hr.
		je			Λcu		III. AND ONE		Embol	icim				1	hr.
	outed nd ransi	Examiner	Sequentially list cond	itions	b. Acu		ue to (or es a c			13111					111.
o,	certificate be executed ording physician and use as the burial-transit		Sequentially list cond if any, leeding to Imm cause. Enter Underly Ceuse (Disease or Injury)	ediete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
68760,	ysici ne bu	<b>VMedical</b>	Ceuse (Diseese or Inj that Initieted events resulting in death) Le		C	Du	e to (or es e c	onsequ	ence of):					+	
68	tifica ng ph as th	Pag	resulting in death) Les	St										į	
XO					d									1	
Ö	es that the death igned by the atter be detached for the	Physicial	Pert II. Other significa	ant condition	s contributing to c	death but r	not resulting in	the un	deriving cause of	ven in Pert		23b. Did to	bacco use co	ntribute to th	ne cause of death?
P.0	the the	hy										1 🗆 Y		3 Probal	
S, F	s tha	by F	Diabetes					_					Α		
ğ	= 00 D	be	Metastat	tic E	ndometr	ıal	CARCI	non	na of L	ung		24e. Wes e	n autopsy		autopsy findings
00	> 0	olet										perform	ned r	comp of de	eletion of cause
Re	0 - 0	Completed	Hyperter	nsive	Heart	Disi	lease					157-V	s 2 No	1100	
of Vital Record			25. Wes case referred		1					On Diese	of Dooth	(Check only on	7	. 200	95 20 140
5	Physician: this certific ral director,	o Be	examiner?		Hospitel:	Innationt	2∏ ED/0	matlant	all post Oti	nor:					
		: To	27. Menner of Deeth		28e. Dete	Inpatient of Injury	2 ER/Out	•	3LI DON	4 LIN		me 5 Reside			
O	Attending or death.  ector: After by the fune	tlor	4.5	5 Pending	(Mor	nth, Dey Y		ijury	28c. Inju Wo M 1	rk?  Yes 2∐					
S	or Attendi after death. Director: A I in by the fu	fica		6 Could no	ot be	e of Injury	- At home, fer	m stre	et, fectory, office			28f. Location (St	reet and Numb	per or Rural F	Poute Number.
Division		Certification:	4 🗌 Homlcide	Oetenniii		ling, etc. (			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town			
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in		29e. Certifier 1	☐ Certifying	Physician: To the	e best of r	ny knowledne	deeth	occurred at the ti	me dete en	d piece e	and due to the ce	ause(s) and me	enner es state	ed
	Hoa 24 h Fur etely	edical	(Check only 2	Medicat E	xaminer: On the b	pasis of ex	caminetion end	Vor Inve	estigetion, in my	plnion, dee	th occurre	ed et the time, de	ete and pleca,	and due to th	e cause(s)
	within 2 To the	Me	29b. Signature and titl	le of ceptifier	1				29c. Licens	se number		2	9d. Dete signe	d (Month, De	y, Year)
	F S F O		¥ /	10	1/200	1 4	MA		2000	4.0			0.9	05 9	6
			20 New Tilled	( - Z	-W9 91			Town in Co	D082	42			0.9	0.5 5	•
			30. Name and address											040=	
	CA	10	Josue ( 31. Dete filed (Month,	Day, Year)	redo, M	Registrer's	4 U 4 T	GL	LI Aven	ue,	натр	atead,	Md.	21074	
	Sta Registi			EP 0 S	1996	hin d	Signature	and	Щ						
				LI U	1330	7									

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State of Maryland / Department of Health and Mental Hygiene 96

					Certi	ificate d	of Death		Reg. No.		
Physicia		1. Decedant's Nama (First, Middla, MARGARE		REB				2. Data of De Month		Year /SS/	3. Tima of Death
/Medica Examine		4a. Facility Nama (If not Institution,	riva street and number	)			4b. City, Town, or			-	133/1
Funeral Director	••	Laurel Region: 5. Social Security Number 6 218-30-3508 Usual Residence of Decedant				if Under 1 You	Laurel  aar if Undar 24 Hr.  bys Hours Min			9. Birthp	ge's placa (Stata or Foreig ntry) ndiana
land w		10a. Stata 10b. County		10c. City	, Town or Loca	tion				1	Od. Insida City Limits
Many	jo	Maryland Prince	George's	Ri	verdal	e					to Yas 2 □ No
r 28a	Se l	10e. Street and Number		1		10f. Zlp Cod	ia		10g. Citizen of	What Coun	ntry?
3a o	0	6016 Quintana St	reet			2073	7		U.S.A.		
	by Funeral Directo	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forcas	?			of Hispanic Origin? ( Cuban, Maxican, Pua	Specify Yas or No rto Rican, atc.)	14. Ra	ce - Amaric ck, Whita, y: Whi	atc.
2 hou		15. Decedent's		-	16a. Deceder	nt's Usual Oc	cupation		16b. Kind of B	usinass/Inc	dustry
within 72 ene. then "na he Medi	Completed	(Specify only highast	rada complatad)	5.1	(Giva kir	nd of work do NOT use re	one during most of we	orking	100.11110.012		2001.7
ould be filled with Mental Hygiene. Arked other than atic event, the M	E O	Elemantary/Secondary (0-12)	Collega (1-4or	5+)	Oper	ator			Bell.	Atlan	tic
ii Hygid	Be C	17. Fathar's Nama (First, Middla, La	st)		- Pos		18. Mothar's Na	ma (First, Middla			
Mentai Mentai rked o	10	John W. Anders	son				Vera H	eminger			
z should and Men ie marke eumetic		19a. Informant's Name/Raiationship			19b. Mailing	Addrass (Str	reet and Number or F	lural Routa Numb	er, City or Town	Stata, Zip	Code)
Health a		John M. Dupree			6016 Q	uintan	a Street,	Riverda	le, Md.	2073	7
permit. Pages 1 and Decembent of Health Important: If item 27 any injury or other to once.		20a. Mathod of Disposition  1 X Burial 2 Cramation 3 4 Donation 5 Other (Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control		20b. Pice Gate	aca of Disposit matary, crama of He	ion (Nama o tory or other aven (	n/n nn)	Data 8/31/96	20c. Location Silver		ng, Md.
Depart Import any inj once.		21. Signature of Funeral Service Lic	March	- Mrae	∫, Ga	sch's	Funeral H			more	Avenue
hysician		23a. Part1. Enter the discuss, or ob shock, or haart fail List on	mplications that cause ly one cause on each i	d the death ine.	Donot enter					1	Approximata Interval Batween Onset and Death
/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting In death)	a	Dua to (or	as a conseque	ince of):	Chs15				Derys
and transit	Examiner	Sequantially list conditions,	b	Dua to (or	as a consequa	nce of):	Diabete Renal Lypa	s mel	l, his	I	405
errincate be executed ling physician and se as the bunal-transit		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last	C	Dua to (or	as a consequa	nce of);	Renal	Ja. (	me	1	428
that the death certificate be executed ed by the ettending physician end detached for use as the bunal-transit	in/Medicai	resolving in osalii) Last	d				Lypa	kens or			YVS
e etter	SICIE	Part II. Other significant conditions	contributing to death b	out not rasu	ting in the unde	artying cause	givan in Part i.	23b. Did	tobacco use co	ntribute to	the cause of death
een signed by the	by Physician	CVA, A	-						Yes 2□ No	3 Prot	10
2 si	Completed							24a. Was	an autopsy rmed?	ave	ara autopsy findings allable prior to mpletion of cause death?
page	0							10	Yas 20 No	10	Yas 2□ No
	e Re	25. Was case ratarred to medical					28. Piaca of Da	ath (Check only	ona)		
	0	axaminar? 1 ☐ Yas 2 No	Hospital:	ant 2 E	R/Outpatient	3□ DOA	Othar: 4 Nursing	Home 5 ☐ Rasi	dance 8 □Oti	nar (Specify	y)
her th		27. Mannar of Death 1 SHatural 5 ☐ Pending	28a. Data of Inju	Iry Year)	28b. Tima of Injury	28c. I	njury at Work?	28d. Dascribe	how Injury occu	red	
after death. Director; After the	Certification:	2 Accidant Invastigat 3 Sulcida 6 Could not datamine	on be 28a. Piaca of In		na, farm, street	М	1 ☐ Yas 2 ☐ No	28f. Location (: City or To		ber or Rura	al Routa Number,
within 24 hours after	edical	29a. Certifiar (Check only one) 1 Medical Exp	Physicien: To the best aminer: On the basis of and manner st	f axamination	ledga, daath o	ccurred at the	e time, data and plac ny opinion, daath occ	e, and dua to tha urred at the tima,	causa(s) and m data and piace,	annar as st	ated. tha cause(s)
within 24 hours To the Funeral completely filled	Me	29b. Signatura and titia of continu	2			29c. Lic	ansa number 8		29d. Data signe	d (Month,	Day, Yaar)
12)	-	20 Name and odd		4	00-1/75 = -					2 4	
14		30. Nama and address of person wh		daath (itam	zda) (Type, 🚜	9101	chen	-4 (	4 71	211	
State		31. Data filed (Month, Day, Yaar)		ar's Signate	LACA	ne	ms 2	S of			
State	e	Contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of th	- 11.4	A. O Cignati	0						

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			Co	ertificate of			eg. No.	י טכ	21330
	Physici /Medic		1. Decedent's Name (First, Middle, Last)  FRANCIS JOSEPH D	DUNAI		2. Date of Deeth Month AUG.		Year 1996 /	3. Time of Death
7	Examir		4a. Facility Neme (if not institution, give street end number)		4b. City, Town, or Loc	ation of Death	4c. County		
			Washington Adventist Hospital	Hilland A V	Takoma Par		Montg		
1	Funeral Director		5. Social Security Number  179-16-7620  6. Sex 1 M 2 F 7. Age (In yrs. last birthde) 7. Age (In yrs. last birthde) 7. Age (In yrs. last birthde)	Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day, July 28	Year) 3, 1920	9. Birthplace Country) Pennsy	e (Stete or Foreign vlvania
	and **		Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or	Location				10d	inside City Limits
	the Maryland	to	Maryland Prince George's Universi	tv Park					1 ∑Yes 2 □ No
	r 28a	rec	10e. Street and Number	10f. Zip Code		10	og. Citizen of V	Vhat Country's	?
	death with the Maryland ms 23s or 28s-f show must be notified at	ai D	6701 Forest Hill Drive	20782			U.S.A.		
	items in the ma	Funeral Director	11. Meritel Stetus 12. Was Decedent Ever in U,S. 13 Armed Forces?	. Wes Decedent of I	Hispanic Origin? (Spec	cify Yes or No-	14. Race	e - American I	
020	8 6	þ		1 ☐ Yes 2 ☒ No		ican, etc.)	Specify	k, White, etc. Whi	
21215-0020	C	Completed	(Specify only highest grede completed) (Gh life Elementary/Secondary (0-12) College (1-4or 5+)	DO NOT use retire	during most of working ed)	9	16b. Kind of Bu		try
2		Col	12 Chie	ef Master	Sargeant 18. Mother's Neme		Air Fo		
Maryland	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked other other traumatic event,	Be c	Andrew Dunaj		Anna (Unk			Θ)	
7	12 should be on and Mental I is marked of reumetic eve	To		ling Address (Stree	t end Number or Rural			State Zin Co	rde)
	nd 2 sith ar				ise Bouleva				
Baltimore,	age ant o rt: If I			emetory or other ple	al Cemetery		6 Ar14		
Balti	permit. Page Department of important: If any Injury or once.	36 3		22. Name end Addre		1	0		
_			Claudette Dasch	4739 Balt	imore Aver	nue, Hya	attsvil	le, MD	20781
	Dhualalan		23a. Part1. Enter the disease, or complications that caused the death. Do not e shock, or heart failure. List only one ceuse on each line.	iter the mode of dyl	ing, such es cardiac or	respiretory erre	est,	Int	oproximete terval Between nset end Deeth
	Physician /Medical		Immediate Cause (Final	1.	10			0	M. I
	Examiner		disease or condition resulting in death)  Due to (or es a cons	diac IJ	eath			20	o Minutes
10	D #	ner	Dilcked	Cardia	musself			1	
	ata be axecuted hysician and the burial-transit	Examiner	Sequentially list conditions,  Due to (or as a cons	equence of):	Myojsam	4			107
90,	oe axe cian s		Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury					1	
68760,		edical	that initiated events resulting in death) Last Due to (or as a conse	quence of):					
_			d					i	
Box	tha death certify the attending ached for use a	Physician/M				1			
P.O.	hat the death ed by the atte detached for	hysi	Part II. Other significant conditions contributing to death but not resulting in the	underlying cause gi	ven in Part I.				e cause of death?
	signed b	by PI	Shock Giver			1 1 10	e 2□ No	3   Probab	ly 45€Unknown
Records,	v requires that been signed b should be deta	edi	Shock Liver Myocardial Infarction			24a. Was en		24b. Were	autopsy findings ble prior to
900	2 S C	Completed	11 140 Carolial Infarction			periorii	ied r	compli of dea	etion of cause
3	ystclen: The law s cartificate has t director, page 2 s	E O	9			1□ Ye	s 200 No	1 □ Y	es 212 No
of Vital	lan: ntifica ctor,	Be	25. Wes case referred to medical examiner?		26. Place of Death	(Check only one	9)		
5	2 00 0	2	1 ☐ Yes 2 🗖 No Hospital: 1 🖬 Inpatient 2 ☐ ER/Outpati	ent 3□ DOA Oti	her: 4 Nursing Hom	e 5 🗆 Reside	nce 6 Othe	er (Specify)	
	ta fa	Certification:	27. Manner of Deeth 1 ☑ Naturel 5 □ Pending 28a. Date of Injury (Month, Dey Year) 1 ☐ Naturel 1 ☐ Pending	Wo	ork?	8d. Describe ho	w injury occurr	ed	
Sio	Attending ar death. ector: Attai by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be		Yes 2□No	0/ 1 /01			
Division	or At after of Direction by	TT.	4 Homicide determined 28e. Placa of Injury - At home, ferm, s building, etc. (Specify)	treet, factory, office	20	Bf. Location (Str City or Town,	eet and Numbe , State)	er or Hurai Ho	oute Number,
	To the Hospital or Attending Phymitin 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral		29a. Certifier 1 (A Certifying Physician: To the best of my knowledge, dec	th occurred at the ti	me dete and place or	nd due to the ce	uea/e) and ma	nner ee etete	d
	To the Hospital within 24 hours of To the Funeral Completely filled	edicai	(Check only one)  2 Medical Examinar: On the basis of examination end/or end manner stated.	nvestigetion, in my	opinion, death occurred	d at the time, da	ite and placa, a	and due to the	cause(s)
	Vithin To th	Me	29b. Signature end title of certifie	29c. Licens	se number	29	d. Date signed	i (Month, Dey	r, Year)
8			Dudle Sigh MD	DUS	5560		8-3	1-96	
	(10)	ŀ	30. Name and address of person who completed cause of death (Item 23a) (Type	D. Prigt)	e MD 2	20710	5		
	Sta Registr		31. Date filed (Manth, Day, Year) 32. Registrar's Signature SEP 0.3 1996	ıL					

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						Certificate of			Reg. No.	20 6	. 1331
	Physic /Medi		Decedent's Nema (First, Mid	die, Last) FANN I E	KATE	DAUGHER	TY	2. Dete of Dea Month AUGUST	ath Dey	Yeer	Time of Death
Ņ	Exami		4e. Facility Neme (If not instituti				4b. City, Town, or L				
			Prince George				Cheverl	,		e Georg	ge's
	Funeral Director		5. Sociel Security Number 243 24 8776	6. Sex 1	7. Age (In yrs. lest i	birthday) If Under 1 Ya Months Da		8. Date of Birth (Month, Des Feb. 28	, 1923	9. Birthplece Country) North	(Stete or Foreign Carolina
	nyland		Usual Residence of Decedent  10a. Stete 10b. Count	ty	10c. City, To	wn or Location				10d. I	Inside City Limits
	sth with the Merylar 23s or 28s-f show	cto	Maryland Princ	e George's	Nev	Carrollton	1			X	K□Yas 2□No
	with th	Dire	10e. Street and Number			10f. Zip Cod				Whet Country?	
	eeth rs 23	era	7314 Oakcrest		dent Ever in U.S.	12 Was Decedent	20784		United	States ce - American in	ndian
215-0020	72 hours after deeth with the Maryland "natural", or flems 23s or 28s-f show adds! Examiner must be notified at	by Funeral Director	1 ☐ Never Merried 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce	Armed For	ces? XXNo	if Yes, specify C	of Hispanic Orlgin? (S) uban, Mexican, Puerto do Specify:	Rican, etc.)		ck, White, etc.	
5-0	72 ho	Completed	15. Decede	ent's Education est grade completed)	16	a. Decedent's Usuel Oc (Give kind of work do life. DO NOT use rel	cupation	kina	16b. Kind of B	usiness/Industr	у
121	within ene. than	I D	Elementary/Secondary (0-12)	College (1-	401 34)		ired)	9	0	**	
d 21	filed within Hygiene.	ပိ	17. Fether's Neme (First, Middle	4	l	lomemaker	18. Mother's Nem	o (Eirot Middle		Home	
an	Mental I	To Be	William H. For				Verna Me		Maloan Suman	ma)	
Maryland	2 shoul end Me Is mark aumati	Ĕ	19e. Informent's Name/Ralation		15	9b. Mailing Address (Stre			r. City or Town	State Zin Con	(e)
M	1 end 2 Health er em 27 is		Clyde R. Daugh			314 Oakcres					
Baltimore,	1 to 0		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (	3 □Removal from S	tate	of Disposition (Name of Pery, cremetory or other p		Date /29/96		- City or Town,	
Balti	pemit, Page Department Important: If any injury or		21. Signeture of Funeral Service		2	22 Name end Ad Robert	trass of Fecility Evans F	uneral H	ome, P.	.A.	0
	_		23a. Pert1. Enter the diseese, on shock, or heert failure. List	or complications that ca	used the death. De		nnapolis Ro				proximate
4	Physician		shock, or heert failure. Lis	st only one cause on ea	ch line.		,		,	Inte	proximete erval Between set end Deeth
4	/Medical	Н	Immediate Ceuse (Finel disease or condition	Ven	tricula	1 1216	wth Mili			,	de,
П	Examiner		resulting in death)	0	Due to (or es	a grah	77777			1	us j
-	be sit	Examiner		a b	yocara	und bo	chemica			1	year.
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68760,	be e sician bune		Sequentially list conditions, if eny, laeding to immediate causa. Enter Underlying Ceuse (Disease or injury that initiated events	C	Supple.					2	days.
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	the a	ysic	Part II. Other significant condit	lons contributing to dea	th but not resulting	in the underlying cause	given in Pert I.	23b. Dld to	obacco use co	ntributs to the	cause of death?
s, P.O	v requires that the death cer been signed by the attendin should be detached for use	by Ph	per periph	ral Va	cular	dufens	e	1 🗆 Y	'ss 2□ No	3 Probably	4 Unknow
Records,	2 55	Completed	Renal fail	un é	Dialys			24a. Was e perfor		eveileb	utopsy findings le prior to tion of cause n?
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Vita	ician: The certificate rector, pag	Be	25. Wes case referred to medic exeminer?	Hamilton 2			28. Piece of Dea	th (Check only or	ne)		
of Vital	Physician: this certific ral director,	2	1 Yes 2 No	Hospitel: 1 In In		dipatient 3 DOA		ome 5 Rasid			
uo	After funer	tlon	1 Netural 5 Pendi		Dey Year)	Time of 28c. In V	jury et /ork? ☐ Yes 2 ☐ No	28d. Describe h	ow injury occur	red	
Division	Attending or death. ector: After by the fune	ficat	3 Suicide 6 Could	I not be 28e Plece of	f Injury - At home	ferm, street, fectory, offic		28f. Location (S	treet and Numb	ner or Rural Ro	ute Number
S	after Dire	Certification:	4 Homicide	mined 200. Pieca o	, etc. (Specify)	om, ander, lectory, ome		City or Town	n, Steta)	or or ridiarrior	no manibor,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29e. Certifier Certifyi (Check only one)	ng Physician: To the b Examiner: On the bas and menne	is of examination a	je, death occurred at the nd/or invastigetion, in m	time, dete end pleca, y oplnion, death occur	end dua to the c red at the time, d	ause(s) end ma lete end placa,	anner as steted and dua to the	Cause(s)
	within To the	Me	29b. Signature end title of certific			29c. Lice	nse number	2	9d. Data signe	d (Month, Day,	Year)
	-	1	1/4/1/5	I M	).	1)3	8087		Aunel	20	1996
	(6)		30. Nama and address of person	who completed cause	of deeth (Item 23a		HOSPITAL	3001	HOSPITA	4 82	119.
	Sta Registr		31. Deta filed (Month, Dey, Year SEP 06	1996 AR	gistrer's Signature	inhit	1111-11/	5-51 /	,0-, , (1)		

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** ICKERSOID 99 /Medical 4c. County of Dea Fecility Name (If not institution, give street and number) . 4b. City Town, or Location of Death 7600 CAROM **Examiner** Hovutit IBLOM, 11 Under 24 Hrs. Min. Dete of Birth (Month, Day, MONT AVE GONT 5. Social Security Number 6. Sex Age (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** Days 10M 42F 577-84-692 Usuel Residance of Decadent Yrs. Director the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits or 28a-f show treumstic event, the Medical Examiner must be notified at TYPS 2 No PINCE COGOY Director 10f. Zip Coda 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with t Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or itema 23a or 2 any injury or other treumatic event, the Medical Experience must be any 078 MUS Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) Was Decedant Ever in U,S. Armed Forces? Race - American Indian, Biack, White, etc. 11. Marital Status 14. Race -1 Yes 2 No If Yes, Give Yaar or Datas: 1 Never Married 2 Married 2 RNO Baltimore, Maryland 21215-0020 Black þ 3 ♥ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratirad) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) ON Sul MINISTR 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be EWIS MIND SEG 2 19b. Meiling Address (Straet and Number or Rural Routa Number, City PORDON 20c. Location - City or Town, Stele of Disposition (Name of 20a. Method of Disposition Date 1 Buriel 2 Cremation 3 Removel from Stete 4 Donetion 5 Doner (Specify) 22. Nama and Address of Fecility Do not enter the mode of dying, such as gardiac or respiratory errest Approximate Intervel Between Onset and Deeth List only one cause on each **Physician** Immediate Causa (Final disaase or condition resulting in death) /Medical Examiner Adynamic To the Mospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be deteched for use as the burnel-transit completely filled in by the funeral director, page 2 should be deteched for use as the burnel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown advanced Completed by 24b. Wara autopsy findings available prior to completion of cause of deeth? 24a. Was en eutopsy performed? 1 Yes 1 Yas 2 No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 1 ☐ Yes edical Certification: To 2010 1 Umpatient 3 DOA 4 Nursing Home 2 ER/Outpetient 5 ☐ Residence 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Day 27. Menner of Deeth 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? Year) 11 Neturel 5 Pending Investigation 1 Yes 2 🗆 No 2 Accident 3 Sulcide 6 Could not be determined Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Phyalclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.
2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and pleca, end due to the cause(s) end manner stated. 29e. Certifier 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) 29c. Licansa number 20362 30. Name and eddrass of person who completed cause of deeth (Item 23e) (Type, Print).

1. Name and eddrass of person who completed cause of deeth (Item 23e) (Type, Print).

1. Name and eddrass of person who completed cause of deeth (Item 23e) (Type, Print).

1. Name and eddrass of person who completed cause of deeth (Item 23e) (Type, Print). Hyattsville IND

State Registrar 31. Dete filed (Month, Day, Year) SEP 05

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death

Nas 2□No

20708

29d. Date signed (Month, Day, Year)

8/31/96

**Physician** /Medical Examiner

**Funeral** Director

0/2

tem 27 is marked other than "natural", or Items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at

filed within 72 hours after Hygiene. Baltimore, Maryland 21215-0020 Pages 1 and 2 should be filled within nent of Health and Mental Hygiene. int: if Itam 27 la marked other than ' iry or other traumatic event, in Ma permit. Page Department of Important: If any Injury or

**Physician** /Medical Examiner

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Examiner **burial-transit** pue physician of the burial Physician/Medical attending o signed by t Š been sig Completed certificate hes lirector, page 2 s Be 10 Certification:

P.O. Box 68760. The law requires that the death certificete Records, Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifics itely filled in by the funeral director, it To the Hospital of within 24 hours at To the Funeral Discompletely filled in

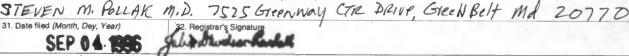
30 EROY DURANT 406 4a. Facility Nama (If not institution, giva street end number) 4c. County of Death 4b. City, Town, or Location of Death PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 6. Sex 1 AM 2 F If Under 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Data of Birth (Month, Dey, Year) Birthplace (Stete or Foraign Country) Months Davs 55 578-52-8751 SEP 29,1940 Wash., D.C. Usual Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Directo Maryland Prince Georges Capitol Heights 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5801 Balsam Street 20743 Funeral United States 12. Was Dacadant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Year or Datas: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Biack, White, etc. 1 ☐ Naver Married 2 ☐ Married Specify: Black 1 ☐ Yes 2 ☐ No þ 3 ☐ Widowed 4 X Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilege (1-4or 5+) Disabled None 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumama) Be Troy Durant 2 Esther Latson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat end Number or Rural Route Number, City or Town, Stete, Zip Coda) 11698 S. Laurel DR #3C Laurel, Maryland Esther Brighthaupt (Daughter) 20b. Place of Disposition (Neme of cemetary, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 9/5/96 LANDOVER, MARYLAND 21 Signature of Pil 22. Nama and Address of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro PIke, Forestville, Md. 20747 23a. Part1. Entar the diseasa, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each line. Approximate Interval Batween Onset and Death Immediate Cause (Final . Gram Positive Sepsis with Septic Shock disease or condition resulting in death) Due to (or as a consequenca of) END STAGE KIDNEY DISEASIE Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Due to (or as a consequence of): Hypertension Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 🗆 Yes 2 19 No 1 Yes 200 No 25. Was cese referred to medical 28. Piaca of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 12 Inpatient 2 ER/Outpatiant 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Matural 5 Panding 1 Yes 2 No Invastigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.
2 Medical Exeminar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier

State Registrar

edical



29b. Signature and title of cartifier



MAD

Mal 30. Name and address of person who completed causa of death (Itam 23a) (Type, Print)

29c. License number

13-18089

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death FISHER Month **Physician** AUGUST Edward 2019 1996 /Medical 4b. City, Town, or Location of Deeth 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 6. Dete of Birth (Month, Dey, Year) Mar 5, 1932 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 12 M 2□ F 64 Yrs. Director 217-30-7930 MD Usual Residence of Decedent the Maryland r 28a-f ehow 10a. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 ☐ Yes 2 X No Director MD Wicomico Salisbury 10a, Street and Number 10f. Zip Code 10g, Citizen of What Country? with r than "natural", or flema 23a or the Medical Examiner must be n permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Health and Mental Hygiene.
Important: If fem 27 is marked other than "natural", or frem 23a
angle july or other traumatic event, the Medical Example. 504 Bailey Lane 21801 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 11. Meritai Stetus 1 Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Never Married 250 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black 2 3 Widowed 4 Divorced Completed 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) 9th Equipment Operator Highway Admin. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Joseph Fisher Lola Ennis 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Queenie E. Fisher/wife 504 Bailey Ln., Salisbury, MD 21801 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stala 1 Burial 2 Cremetion 3 Removel from State 9/2/96 4 ☐ Donetion 5 ☐ Other (Specify) Springhill Memory Salisbury 21. Signature of Funeral Service Libensee 22. Name and Address of Fecility
Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 24 has. Myccordial Infact Sur
Due to (or es e consequence of): **Examiner** Atheroscherote + Hypertusue Cardiovariale Dennie Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of) 85 980 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the a 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Diobeles Mellitur. þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed has 1 Yes 2 Ne 1 Yes 2 No certificate Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica funeral director. 25. Was case referred to medical 26. Place of Death (Check only one) Be examiner? Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 5 Pending 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) To the Hospital or Atte within 24 hours after de To the Funeral Directo completely tilled in by the 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier (Check only one) edicai 1/ certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and placa, end due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title in certifier 29c. License number 1.70 1968 MAO docur 4 30. Name end address of person who completed duse of death (Item 23a) (Type, Print) CLIFFORD, MD, 106 PINE Blur Rd. Suite 12. JAMES

State Registrar 31. Date filed (Month, Dey, Year)

32. Registrer's Signature

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Charles Kenneth Fogle, Sr **Physician** /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City. Town 4c. County of Death **Examiner** Annapolis Anne Arundel Medical Center Anne Arundel 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 5. Sociel Security Number 9. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 140 M 2□ F 216-16-9942 MD Director Usual Rasidence of Decedent the Maryland 10a Stele 10h County 10c. City, Town or Location r 28a-f show 10d. Inside City Limits 1 Yes 2 No Director MD Anne Arundel Lothian 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? rthan "natural", or itema 23s or the Medical Examiner must be 288 Rips Road 20711 U.S.A. deeth 1 12. Was Decedent Ever in U,S. Armed Forces?1 ZYes 2 ☐ No Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 11. Marital Status filed within 72 hours efter 1 Never Merried 2 Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ÎNo If Yes, Give Yeer or Dates: 1940-45 Specify: A Specify 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Fire Fighter D.C. Gov't permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy Important: If item 27 is marked oths any injury or other traumatic event, once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Clarence Ellsworth Fogle Pearl Anna Crabbs 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Thelma A. Fogle 288 Rips Road Lothian. 20711 MD 20e. Mythod of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) Sept 3 20c. Location - Cify or Town, Stete Upper Marlboro, MD Trinity Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Owings, 21. Signature of Funeral Service Licenses 22. Neme and Address of Fecility MD. Lee Funeral Home Calvert, PA Approximate Interval Between Onset and Death d the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner utive Lung Decase Examiner certificate be executed physician and s the burial-trans Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last Physician/Medical Due to (or as a consequence of) **USB BS t** signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? 1 Tos 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveilable prior to completion of cause of daath? Completed 24a. Wes en autopsy peeu hes 1 Yes 2 IN 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 TYes 2 TH 1 (Impatient 2 ER/Outpatient 3 DOA this funeral 27. Manner of Detti Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Watural 5 Pending Hospital or Attendin 24 hours after deeth. Funeral Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, streat, factory, office building, afc. (Specify) Š 4 - Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifian 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, dete and place, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Narge 32. Registrar's Signatur 31. Date tiled (Month, Day, Year) State

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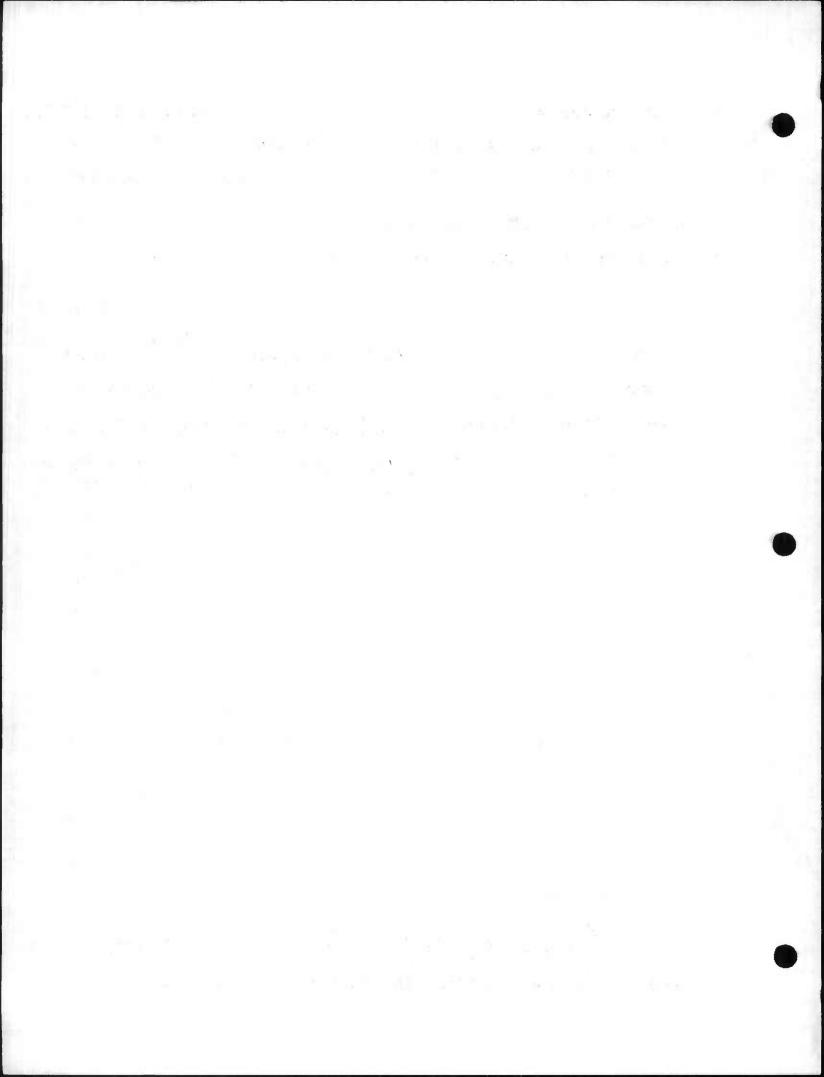
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State of Maryland / Department of Health and Mental Hygiene 96 27996

				Certificate of	f Death	Re	g. No.		
			Decedent's Neme (First, Middla, Last)			2. Dete of Deeth	1		. Tima of Death
	Physic /Medi		Joseph Richard Funk			Month September	Dey r 7. 1	996 3	3:50 P.M.
	Exami		4e. Fecility Nema (If not institution, give street and number)		4b. City, Town, or Lo		4c. County		7.00 1.111
			FREDERICK MEMORIAL HO	OSPITAL	FREDER	ICK.	FRE	DERIC	1K
	Funeral		5. Social Sacurity Number 6. Sex 7. Aga (In yr	s. last birthday) If Under 1 Yea Months Deys		8. Dete of Birth (Month, Day,	Year)	9. Birthplaca	(State or Foreign
	Director		200-07-4561	3 Yrs. Months Deys		JULY 27			LVANIA
	and **		Usuel Residence of Decedent  10a. State 10b. County 10c. (	City, Town or Location				104	Inside City Limits
	Manyi f sho	ō		TAION					1⊠Yee 2□No
	the 28s	Director	MARYLAND FREDERICK M  10e. Street end Number	10f. Zip Code		10	Or Citizen of V	What Country?	
	With With		4203 ROLLING ACRES DR	· ·	1771	1		5. A.	
	72 hours after death with the Maryland naturel', or flerme 23e or 28e-f show pical Exercines must be recited at	Funeral	11. Meritel Status 12. Wes Decedent Ever In	U.S. 13. Was Decedent of	Hispanic Origin? (Sp	ecify Yas or No-		e - American I	ndien,
0	x ha		1 Nevar Married 2 Merried 1 1 Yes 2 No If Yes, Give	4	ıban, Mexican, Puerto	Rican, atc.)	Bie	ck, Whita, etc.	
00	ours ref.	by	3 Widowed 4 □ Divorced Yaar or Datas:	1 ☐ Yes 2 € No	o Specify:		Specify	CAUCA	SIAN
21215-0020	i within 72 hours iene. r then "neturel", the Meolical Ex	Completed	15. Decedent's Education (Specify only highest grade completed)	16e. Decedent's Usuel Occu (Give kind of work done	a during most of work	ina		usiness/Industr	у
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re,	-115			Place of Disposition (Name of	THE R. P. LEWIS CO., LANSING, MICH.	Date 2	Dc. Location -	City or Town.	State
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Baltimore,	교 원원을		21. Signature of Funeral-Service Licensee	22. Neme end Add		36 EAST		1	
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V	Physician		shock, or heert feilura. List only one ceuel on each line					inte On	ervel Between set end Death
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п	Examiner		resulting in death) e.	(or es a consequence of):					11-100-5
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	icate be executed physician and s the buriel-transit	Хаш	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	(or es e consequence of):	0				
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68760	physis tha	Medical	that initiated events	(or es e consequence of):					
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P.O.	tha y th	ysi	Pert ii. Other significant conditions contributing to death but not re	sulting in the underlying causa g	given in Pert I.				cause of death?
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Records,	requires wen sign hould be		Browel Tleng  Sthursdermi Corphor  Writing of Contropul			24a. Was an	eutopsy		autopsy findings
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Ω	rai D								
	Hosp 24 hor Fune taly fi	edicai	29a. Certifiler (Check only 2 Medical Examiner: On the best of my kn	nowledga, death occurred et tha i netion end/or investigetion, in my	time, dete end piece, opinion, daeth occurr	end due to the car ed et the time, da	use(s) and ma te and pleca.	nner as steted end due to the	i. cause(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Med	one) end mannar stated.  29b. Signatura and title of certifier		nse number				
	8 7 <u>8</u> 7		1 5 4			29	7-8	d (Month, Dey,	( oai)
			20 News and address of	9	18191		10	0	
			30. Name and addrass of person who completed cause of daeth (It	ım ≥3a) (Type, Print) 4. F	redende, on	0 2170	2		

State Registrar 31. Dete filed (Month, Day, Year) SEP 0 9 1996



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Certi	ificate	of Death	,	Reg. No.		
	Discosta		1. Decedent's Name (First, Middle, I	_ast)					2. Date of De Month		Year 3	. Time of Desth
	Physici /Medi		Florence L. La	Forest					August	30, 19		0:10 A.M
	Examir		4a. Fecility Neme (If not institution, g	rive street and numbe	r)			4b. City, Town,	or Location of Deeth			
			Prince George's	Hospital	Center			Chever	ly	Princ	ce Geor	ge's
	Funeral Director		219 80 0718	Sex 7. A 1 □ M 2KDAF	Age (In yrs. I		If Under 1 Y Months D		hin. 8. Daie of Bir (Month, Da Sept.	y, Year)	9. Birthplace Country) New Yo	(Stete or Foreign
	Mand Mand		Usual Residence of Decedent  10a, Stete 10b, County		10c. City	, Town or Loca	tion				10d.	Inside City Limits
	death with the Maryland rm 23a or 28a-I show r.must be notified at	ctor	Maryland Prince	George's	Во	owie					3	toxYes 2 □ No
	6 2 6	Directo	10e. Street and Number				10f. Zip Co	de		10g. Citizen of \	What Country?	
	23 a d d	al	12120 Wilmont Tu	ırn			20	715		United	States	
020	o after	by Funeral	11. Marital Stetus  1 □ Never Merried 2√2 Merried  3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Forces 1 Yes 25 If Yes, Give Year or Dates	s? ₹No		es Decedent es, specify		(Specify Yes or No uerto Rican, etc.)	- 14, Rac Blac Specify	ce - American lick, White, etc.	ndisn,
9	72 hour natural Scal Ex	8	15. Decedent's	Education		16a. Deceder	nt's Usual O	ccupailon	70.77	16b. Kind of B		
Maryland 21215-0020	ithin 7 Ne. ne.	Completed	(Specify only highest g Elementary/Secondary (0-12)	rade completed) College (1-4o	r 5+)			one during most of etired)	working			
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ž	should be nd Mental marked o	To	Nicholas F. Blai			I			lia Tessi			
	日本日本		19a. Informant's Name/Reletionship L.G. Michael La		usbano	_			Rural Route Number Bowie Mar			/e)
e,	of Hear Of Hear Tothe		20a. Method of Disposition			ace of Disposit	ion (Neme o	of place)	Date	20c. Location	City or Town,	Stele
E	Page ret: If rry or		★ Buriel 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	□Removal from Stat cify)	0		-	metery 9	/3/96	Clinton	n Maryl	and
Baltimore,	permit. Pages 1 an Department of Heal Important: If Ihem 2 any Injury or other ance.		21. Signeture of Funeral Service Lic		0	22.	leme and A	ddress of Facility				
ш	20258		Kobert C.	CUTAN	Pa	Rol	bert E	Evans	Funeral H	ome, P.A	A.	_
	100		23a. Part1. Enter the disease, or co shock, or heart fallure. List on	mplications that caus	d the death	. Do not enter	the mode of	dying, such as car	diac or respiretory e	mary Lar	1d ZU/1	proximste ervel Between
	Physician /Medicai Examiner	J.	Immediate Cause (Final disease or condition resulting in death)	Metas	tatic	and de conseque	NOC	arcino			On	set and Death
	nsit	Examiner		b			1				I I	
,00	e execuian and		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or	as a conseque	ince of):					
x 68760,	death certificate be executed e attending physician and ed for use as the burlal-transit	Medical	thet initieted events resulting in death) Last	c	Due to (or	as a conseque	nce of):					
Box	attendir for use	Physician/		0								
o.	by the stached	ysic	Part II. Other significant conditions	contributing to death	but not resu	iting in the und	erlying caus	e given In Part I.	23b. Did	tobacco uee co	intribute to the	cause of death?
0	es that the igned by be detact	by Ph							10	Yee 2⊠No	3 Probabl	y 4 Unknown
Records,	been s	Completed b								sn sutopsy med?	evallat	sutopsy findings ble prior to etion of cause th?
	The law ate hes page 2	E							10	Yes 22No	1 □ Ye	s 20 No
Vital		Bec	25. Was case referred to medical					26. Piece of	Death (Check only o	one)		
	0 0	To	examiner?	Hospital: 1 Inpa	tient 2 🗆 I	ER/Outpatient	3□ DOA	Other: 4 Nursin	g Home 5 ☐ Resi	dence 6 Oth	ner (Specify)	
n of	T = E		27. Manper of Death 1 ☑ Natural 5 ☐ Pending	28a. Dete of In (Month, D		28b. Time of Injury	28c.	Injury at Work?	28d. Describe	how injury occur	red	
Ö	Attending r death. ector: After by the fune	atic	2 Accident investigati	on	,,	,,	М	1 Yes 2 No				
Division	i Dift o	Certification:	3 Suicide 6 Could not determine	28e. Placa of I building, o	njury - At ho etc. <i>(Specify</i>	me, farm, stree )	t, factory, of	fice	28f. Location (. City or To	Street end Numb vn, Stete)	ber or Rural Ro	ute Number,
	Hospital 24 hours Funeral stely filled	edicai	29a. Cartifier 1 ☐ Certifying F (Check only one) 2 ☐ Medical Ext	Physician: To the bes aminar: On the basis	of examinati	viedge, deaih o ion end/or inves	ccurred at the	ne time, date and pi my opinion, deeth o	aca, and due to the ccurred et the time,	cause(s) and middle and placa,	anner as stated and due to the	i. cause(s)
	the of the	Me.	29b. Signeture end title of certifier	end manner s	stated.	-	290 14	cense number		20d Date sinne	d (Month Day	Voorl
	ot ¥ 0 00		205. Digitatore end title/of Certifier	1/1			200. LI	and Intimet	2	29d. Date signe	(Month, Day	/ 601/
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	(0)		30. Name and address of person who	o completed cause of	detath (In6m	23al-(Type) Pr	Int)	. /	e Bowl	mI	200	. )
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State of Maryland / Department of Health and Mental Hygiene 96 27998

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/Medi		0113	1 / 2	RRE	2 4 4		SEPTEM		1996	09:25 RM
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		Prince George's			1630-1-1630	Cheverl				orge's
Funerai		5. Social Security Number 6. Sec 228-03-3588	114 0575	rs. last birthday	Months Days		8. Date of Bi (Month, Di	rth ay, Year)	9. Birthple Count	eca (State or Foreign
Director			1W 5/XI- 87	7 Yrs.				10-09		ínia
ylend Mow		Usuel Residence of Decedent  10e. Stete 10b. County	10c.	City, Town or L	ocation	er Marlbor			10	Od. Inaide City Limits
with the Marylend a or 28a-1 show the notified at	ector	Maryland Prince G	eorge s			er Maribur	0			1 XYes 2 No
23a or 2	Funeral Director	10e. Street end Number 817 Darien Place			10f. Zip Code	20774		10g. Citizen of	What Count USA	ry?
turel', or items 23	by	11. Marital Status  1 ☐ Never Marrled 2 ☐ Marrled  3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Ever in Armed Forces? <ul> <li>1 ☐ Yes 2 ☑ No</li> <li>If Yes, Give</li> <li>Yeer or Dates:</li> </ul>	1 U,S. 13.	Wes Decedent of If Yes, specify Cul 1 ☐ Yes 2 ☐ No	Hispanic Origin? (Sp ben, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Rac Ble Specif	ce - America ck, White, e y: B1	
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al Hygie other vent, n	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's Name		, Maiden Surnan	ne)	
nd Mente marked imatic ev	To	Bishop Traynham			<u> </u>		a Wade			
9 9 9		19e. Informent's Neme/Relationship (Ty. Doris A. Christmas		19b. Mell 817	_{ing Address (Stree} Darien P	lace, Uppe	er Marl	boro, Mi	State, Zip (	Coda) 74
Item 27 other t		20a. Method of Disposition	201	. Placa of Disp	osition (Nama of		Dete	20c. Location	City or Tov	wn, State
ant of tr: If It		tXOBurial 2 ☐ Cremetion 3 ☐ R 4 ☐ Denation 5 ☐ Other (Specify)	amovel from Stete	Arlingt	on Natio	nal Cem.	9/9/96	Arling	ton,	Virginia
Department of Important: If I any injury or Ofice.		21. Signeture of Funerel Service License								
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Physician /Medical Examiner	iner	Immedieta Ceuse (Fine) disease or condition rasulting in deeth)	Pho	UM O o (or as e conse	1) of quence of):				2	+ days.
in and nel-trans	Exam	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaasa or Injury that initiated events	Due to	(or as a conse	quence of):					
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y the	Jysi	Pert II. Other significant conditions con	ributing to death but not r	esulting in the u	underlying cause g	iven in Pert I.				the cause of death?
gned b	by Ph	Congestin	e Heart	tail	we		10	Yes 2 THO	3 Prob	ably 4 ☐ Unknown
peen s	eted	Chronic F	anal 7	alla	ell.		24a. Was	an autopsy ormed?	com	re autopsy findings ilable prior to apletion of cause
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ath. r: Afte ie fund	atior	1 Seturel 5 Pending Invastigation	28a. Date of Injury (Month, Day Year)	Injury	Wo	ork? ]Yes 2□No		,,		
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-		Sum	1 .000	111)	D	34 571	4	01-	7 -	91
2)	-	30. Name and address of person who con	cerga		Print)	1721		ı	la .	10
5)		Sam Tellawi Ac	mpleted causa of death (It	em 23e) (Type,	Print)	4				
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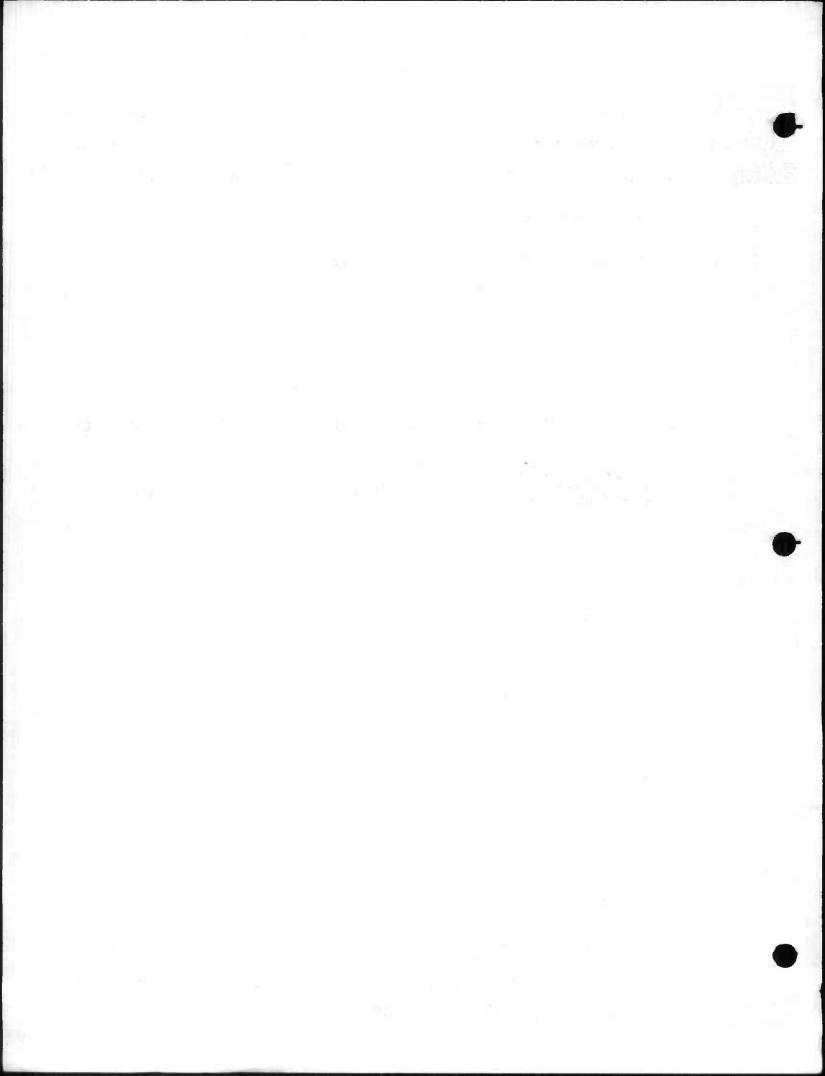
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State of Maryland / Department of Health and Mental Hygiene 96

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						Ce	rtificate d	of Death		Re	g. No.			
			1. Decedent's Name (First, Middle, La	ist)						of Death		Quin	3. Tim	e of Death
	Physic /Medi		Mary Lee Gr	een					A 11 C	rust	Day 28 19	Year 996	0	115
	Exami		4a. Facility Name (If not institution, gi		umber)			4b. City, Town			4c. County			
			Atlantic Gen	eral H	ospital	L		Be:	rlin		Wo:	rces	ter	
	Funeral		,	Sex	7. Age (In yrs. la	st birthday)	If Under 1 Ye		Hrs. 8. Date	of Birth	Vear	9. Birthp	place (Sta	ate or Foreign
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	death with the Maryland ms 23a or 28a-f show rms 2be notified at	T	10e. Street and Number				10f. Zip Cod	Θ		10	g. Citizen of V	Vhat Cour	ntry?	
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	ep a	Funeral Director	11. Marital Status	Armed F		13.	Was Decedent of Yes, specify C	of Hispanic Origin Juban, Mexican, P	? (Specify Yea	or No-		e - Americ ck, White,		n,
20	72 hours after death with the Marylar naturer, or items 23a or 28a-f show after Examiner must be notified at	by F	1 Never Married 2 Married	If Yes, G			1□Yes ⊉☐!				Specify	/: B	Black	k
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7	within ens.	E	Elementary/Secondary (0-12)	College	(1-4or 5+)									
	Hygie Hygie	ပိ	8 th 17. Father's Name (First, Middle, Lasi	1)		Lab	orerly	louseke	Name (First,	Middle M		ervi	ce	
Maryland	S la b	Be	James Dennis	,				-1501233		1000		-/		
2	d Me	P	19a. Informant's Name/Relationship	(Tune Print)		10h Mallin	on Address /Ctr	eet and Number o	ie Bla		City or Town	Clata 7is	o Codo)	
2	d2s than 7 le		Annie Briddell		tor									1
a)	Heal Heal Hear		20a, Method of Disposition	Daugi	20b. Pla	ce of Dispo	sition (Name of	ur Ave	Date		Oc. Location -			
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Ba	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena Important: if Item 27 is marked other than any Injury or other traumatic event, tha Magnes.						Lowing	NT TAT - 4	son Fu	ner	al Hor	me		
_			25a. Part1. Enter the disease, or con shock, of heart failure. List only				1618 W	est Rd	., Sal	isb	ury, I	MD 2	180	1
		,	shock, of heart failure. List only	pications that one cause on	caused the death. each line.	Do not ent	er the mode of	dying, such as ca	rdiac or respir	atory arres	st,	1	Approxi tnterval	mate Between and Death
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	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. C/	ARDIA		4151389	57				-	OM	INUTO
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0	es that the death certificets be execut igned by the attending physician and be detached for use as tha burial-tran	Physician/	Part II. Other significant conditions	zontributing to t	Jean Dut not resul	ung in ine u	ndenying cause	given in Part I.	23	J □ Ye	acco uss coi			4 🗌 Unknow
	that	by P	NONE							1 🗀 🕶	2 2 2 4 10	3   10	DEDTY	+ [] Officion
Division of Vital Records,	requires sen sign hould be	D D							248	. Was an	autopsy	24b. W	ere autor	osy findings
၀	> 40	ete	i ————————————————————————————————————							perform	ed?	co	vailable prompletion death?	
2	The lew rate has b page 2 s	Completed	E							1 🗆 Va	o Daile			of Sixta
ā	ilcian: The lev certificate has rector, page 2		25. Was case referred to medical					00 Plane	Don't (Otro)		2 0400	1	☐ Yes	2]ZNO
5	Physician: this certific	o Be	examiner?	Hospital:	Unpetient 2□E	D/Outration	100 Da	Othor	Death (Check			(0	4.3	
0	Phys r this aral di	5.	27. Manner of Death			R/Outpetler 28b. Time o	IL SLI DOA	4 LI Nursi	ng Home 5[ 28d. De		v Injury occur		y)	
0	ding Afte	tion	12 Natural 5 Pending 2 Accident investigation		of Injury nth, Day Year)	Injury		njuryat Work? I∐ Yes 2 ☐ No						
<u>S</u>	or Attanding after death. Director: After d in by the fune	fica	3 ☐ Suicide 6 ☐ Could not b	e one place	e of Injury - At hon	ne. farm. str				ation (Stre	eet and Numb	er or Run	al Route I	Number.
5	Dire Jin b	Certification:	4 Homicide		ding, etc. (Specify)					or Town,				
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: Affer thi completely filled in by the funeral		29a. Certifier ti ☐ Certifying Pi	valcian: To th	e best of my know	ledge death	occurred at the	a time, date and r	lace and due	to the car	see(s) and ma	anner se s	etated	
	Fur Petely	edicai		minar: On the I	basis of examination	on and/or in	vestigation, In m	y opinion, death	occurred at the	time, da	e and place,	and due to	o the cau	se(s)
	omp omp	Xe	29b. Signature and title of certifier				29c. Lic	ense number		29	d. Date/êigne	d (Month,	Day, Yes	nr)
	- > - 0		Bayo A V	21 M	1) NEURI	2000	+ D3	5586			PIZP	196		
,			30. Name and address of person who	completed on	se of death floor	23a) (Time	Print)				, , ,			
			BRUCE I. LUBA	R. M. A	/C/C	11 is P	DOT C.	1100 206	SALLI	BURL	MA	2/1	Paci	
	Sta	ate	30. Name and address of person who BRUCE I CUBA 31. Date filed (Month, Day, Year)  AUG 29	32.	Registrar's Signatu	ire A	- 1-10	1178 300)	-		, , , ,		7	
	Regist		ALIC 2 9	1996	chi Davels	or Rand	all							
DH	MH 16 Rev 6/9		AUG N J	1201										_



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

28000

				State of N	iaiyiaiic		tificate of	Death	,	Reg. No.	0	20000
	Physici	an	1. Decedent's Nama (First, Middle	a, Last)			C	. /	2. Data of Dea	ath Day	Year_	3. Tima of Death
4	/Medi	al	ELIZABETH HE				Gra	<i>y</i>	Septa	nber 1,	1996	1415
7	Examir	er	4a. Facility Nama (If not institution PENINSULA REGI	A PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART OF THE PART		FD		4b. City, Town, or L SALISBI				
-	Funeral		5. Social Security Number		ga (In yrs. la		If Undar 1 Yaar	If Undar 24 Hrs.			9. Birthpia	aca (Stata or Foreign
	Director		186-12-5400 Usual Rasidance of Decedent	1□ M 2□ E XX	75	Yrs.	Months Days	Hours Min.	FEB. 7,	1921	PENN:	SYLVANIA
	how		10a. Stata 10b. County		10c. City,	Town or Lo	cation				100	d. Inside City Limits
	Ba-f s	ctor		CESTER	BIS	SHOPVI	LLE					XXYes 2□No
	death with the Maryland	Funeral Director	10e. Street and Number 10721 BISHOPVI	ILLE ROAD			10f. Zip Coda 2181	.3		10g. Citizen of V US		γγ
020	or its	by	11. Maritai Status  1 Nevar Married 2 Marr  3 Widowed 4 Divorced	If Yas Giva	? .No	it	Vas Decedant of Yas, specify Cut	Hispanic Origin? (Sp an, Maxican, Puarto Specify:	pecify Yas or No- Rican, atc.)		e - Amarica ck, Whita, at v: WHI	tc.
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, Maryland			19a. Informant's Name/Relations DENNIS GRAY (SC					t and Number or Rui				
Baltimore,	permit. Pages 1 and 2 Department of Heelth a Important: If item 27 is any injury or other trai		20a. Mathod of Disposition  1 Burial 2 XX ramation 4 Donation 5 Other (S		cer	matary, crem	sition (Nema of natory or other pla CREMATO		Data 9-2	20c. Location -		n, Stata
Balt	permit. Pa Departmen Important: any injury		21. Signature of Funeral Service	hin		S	Nama and Addr. HORT FUN O BOX 23	ass of Facility JERAL SERV B3, MILTON	VICES, I	NC. 9968		
			23a. Part1. Entar the disease, or shock, or heart failure. List	complications that causa only ona causa on aach i	d tha daath. Ina.						1	Approximata Intarval Between
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	Examiner		disaasa or condition rasulting in death)	a. CA		es a conseq	NONF	nd wi	143)			
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	ficata be executed physician end is the bunal-transit	Examiner	Sequentially list conditions,	<b>1</b> b.	Dua to (or	as a conseq	uance of):		0-0)-1	je		20 1/0
68760,	slcian slcian	SalE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaese or Injury that Initiated events	С			-					
	5 00	/Medical	rasulting in daath) Last	d	Dua to (or a	as a consequ	Janca of):					19
. Box	the death cert y the attending	iclar	Part II. Other significant condition	ens contributing to death t	out not result	ting in the ur	ideriving causa di	van in Part I	23h Did	obacco usa co	ntribute to 1	the cause of death?
, P.O.		y Physician/M	•				, and a second of			res 2□No	3 Probe	
Vital Records,	law requires that as been signed b	Completed by						_		an autopsy med?	com	a autopsy findings lable prior to pletion of causa seth?
I R	sician: The law certificata has rector, page 2	E OC							101	as 2000	10	Yas 2□ No
/ita	ysician: s certific director,	Be	25. Was casa refarred to medica examinar?					26. Placa of Dea	th (Check only o	ne)		
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Division	i or Attendi after death. I Director: A d in by the fo	Certification:	3 Sulcida 6 Could datarm	ined 286. Place of in	jury - At hom tc. (Specify)	na, farm, stre	eat, factory, office		28f. Location (S City or Tow		per or Rural	Routa Number,
	To the Hospital or Attending Phywibin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Medical C	29a. Certifier (Check only one)  1 Certifyin 2 Medical	g Physicien: To the best Examiner: On the basis of end manner st	of axamination	edga, daath en and/or inv	occurred et tha ti astigetion, in my	ma, dete and piece, opinion, death occur	end due to the cred at tha tima, c	cause(s) end me deta and place,	enner as sta and dua to t	ited. the cause(s)
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•			17.0	1/	1	MI)	10	19432	2	4/1	196	
	3		30. Name and addrass of person	who complated cause of	peath (Item 2	23a) (Type, I	orint)	a DINO	- SAL	1 Neil	u s	40
	Sta	te	31. Deta filed (Month, Dey, Year	32. Registr	rar's Signatu	ra o		LI MI VE	- OAL	(1800)	7,1	10
	Registr		SEPY	4.1996 Mili	rar's Signatu	ur Kand	elle				(	

